

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000008914

1. Entity Name

PRIMARY CARE PHYSICIANS OF SANFORD, LLC

FILED

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

309 W. First St.
Sanford, FL 32771

309 W. First St.
Sanford, FL 32771

2. Principal Place of Business

309 W. First St.

3. Mailing Address

309 W. First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford Fl.

City & State

Sanford Fl.

4. FEI Number

59-3613295

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Bradley J. Davis
200 S. Orange Avenue, Suite 1220
Orlando, Fl. 32801

7. Name and Address of New Registered Agent

Name

Vincent J. Mamone

Street Address (P.O. Box Number is Not Acceptable)

309 W. First St.

City

Sanford

FL

Zip Code

32771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900004476929--8

-07/16/01--01044--006

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vincent J. Mamone *M&R* ☐ Delete
3724 Watercrest Dr.
Longwood, FL. 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Debra A. Mamone *M&R* ☐ Delete
3724 Watercrest Dr.
Longwood, FL. 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Vincent J. Mamone

4/27/01

CR2E083 (11/99)