

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM  
Secretary of State

DOCUMENT # L99000009148

1. Entity Name

PHYSICIANS BENEFIT CORPORATION, LLC

Principal Place of Business

6401 S.W. 87TH AVENUE, SUITE 208

MIAMI  
33173

FL

Mailing Address

6401 S.W. 87TH AVENUE, SUITE 208

MIAMI  
33173

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0967177

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

METSCH BENJAMIN  
1385 N.W. 15TH STREET

MIAMI  
33125

US

FL

7. Name and Address of New Registered Agent

Name  
METSCH BENJAMIN

Street Address (P.O. Box Number is Not Acceptable)  
1455 N.W. 14TH STREET

City  
MIAMI

FL

Zip Code  
33125

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)

05/01/2000

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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  
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STREET ADDRESS  
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☐ 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.