

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000682

1. Entity Name

TOTAL HEALTH CONCEPTS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business

1001 W. CYPRESS CREEK, SUITE 302
FT. LAUDERDALE FL 33309

Mailing Address

1011 HIGHWAY 71, SUITE 200
SPRING LAKE NJ 07762

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

22-3575678

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

CRAIG, WALTER M JR.
1001 W. CYPRESS CREEK, SUITE 302
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CRAIG, WALTER M JR.
STREET ADDRESS 1011 HIGHWAY 71, SUITE 200
CITY-ST-ZIP SPRING LAKE NJ 07762

TITLE MGRM ☒ Delete
NAME PEARLMAN, HERBERT
STREET ADDRESS 537 STEAMBOAT ROAD
CITY-ST-ZIP GREENWICH CT 06830

TITLE MGRM ☒ Delete
NAME LAWI, DAVID
STREET ADDRESS 537 STEAMBOAT ROAD
CITY-ST-ZIP GREENWICH CT 06830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003414343--5
CITY-ST-ZIP -10/05/00--01019--019
*****50.00 *****50.00

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CP2E083 (500)