

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0013143 / AF

DOCUMENT # M98000000893

1. Entity Name  
OAKRIDGE MEDICAL GROUP, LLC

Principal Place of Business

1000 N.E. 56TH STREET  
FT. LAUDERDALE FL 33334

Mailing Address

1000 N.E. 56TH STREET  
FT. LAUDERDALE FL 33334

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

65-0849890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATZNER, GARY  
1000 N.E. 56TH STREET  
FORT LAUDERDALE FL 33334

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/MEMBERS

TITLE NAME ☐ Delete  
MGRM  
CAMPELL, DOYLE M.D.  
STREET ADDRESS  
1000 N.E. 56TH STREET  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33334

TITLE NAME ☐ Delete  
MGRM  
NORIEGA, RUDY J  
STREET ADDRESS  
1000 N.E. 56TH STREET  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33334

TITLE NAME ☐ Delete  
MGRM  
MATZNER, GARY C  
STREET ADDRESS  
1000 N.E. 56TH STREET  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33334

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
7000004194187--6  
-05/10/01--01115--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Gary C. Matzner

3/13/01

(954) 958-0623

Date

Daytime Phone #

CR2E083 (11/00)