

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90019 006 ****55.00

003 30

DOCUMENT # M99000000415

1. Entity Name

FOCUS HEALTHCARE OF FLORIDA, LLC

Principal Place of Business

**5960 S.W. 106TH AVE.
COOPER CITY FL 33328**

Mailing Address

**5960 S.W. 106TH AVE.
COOPER CITY FL 33328****907795**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0868132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH A. HARTL
5960 S.W. 106TH AVE.
COOPER CITY FL 33328**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEFOOR, P. BYRON	
STREET ADDRESS	9412 STANDIFER GAP RD.	
CITY-ST-ZIP	CHATTANOOGA TN 37363	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SUMMEROUR, ROBERT	
STREET ADDRESS	5773 HALLWOOD AVE	
CITY-ST-ZIP	RIVERSIDE CA 92506	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARTL, JOSEPH A	
STREET ADDRESS	5960 S.W. 106TH AVE.	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/4/02 (954) 646-2006

CR2E083 (9/01)