

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90003 010 \*\*\*550.00

**DOCUMENT # P98000055736**

1. Entity Name  
**L.C. COMPREHENSIVE CARE, P.A.**

Principal Place of Business  
**2300 N COMMERCE  
STE 307B  
WESTON FL 33326**

Mailing Address  
**852 CRESTVIEW CL  
WESTON FL 33327**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1400 E. Oakland Pk**

3. Mailing Address  
**1400 E. Oakland Pk**

Suite, Apt. #, etc.  
**109**

City & State  
**FT. Lauderdale, FL**

Zip  
**33334**

Country  
**Brunswick**

4. FEI Number  
**65-0847498**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired  
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DE JESUS, JULIO  
852 CRESTVIEW CIRCLE  
WESTON FL 33327**

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |                                                                                                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>P<br/>CARDONA, LYSSETTE L<br/>852 CRESTVIEW COURT<br/>WESTON FL 33327</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **9/14/01 9545643223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)