

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J71579**

LIFECARE MANAGEMENT, INC.

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90074 033 ***158.75

1. Principal Place of Business

450 59TH ST W
 SUITE 200
 BRADENTON FL 34209-4663

Mailing Address

1450 59TH ST W
 SUITE 200
 BRADENTON FL 34209-4663

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

City & State

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0019410**

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

6. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM
1400 - 4TH AVENUE, WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

8. Signature, typed or printed name of registered agent and date of filing

DATE Registered Agent signature required when existing

DATE

The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Check or tick on back)

FILE NOW!
After MAY 1, 2002
Make Check Payable

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** Additional Fee

OFFICERS AND DIRECTORS

VD	<input type="checkbox"/> Delete	BELLINO, ROBERT J. 1450 59TH ST W #200 BRADENTON, FL 34209 PST
	<input type="checkbox"/> Delete	JACKSON, ROY D. 7307 17TH AVE NW BRADENTON, FL 34209
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

Handwritten: 26 175 20

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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Paragraph 1, hereof, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/30/02*
 Day/Year

[Signature]
 Pres-