

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED
AMENDED UNIFORM BUSINESS
REPORT
02 JUL 19 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021319
1. Entry Name
APEX HEALTH CARE SERVICES, LLC

DO NOT WRITE IN THIS SPACE

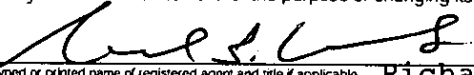
2. Principal Place of Business
2801 Ponce de Leon Blvd.
Suite, Apt. #, etc. 1060
City & State Coral Gables, Florida
Zip 33134 Country USA

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1157745 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Richard Weiss
Street Address (P.O. Box Number is Not Acceptable) 2801 Ponce de Leon Boulevard, #1060
City Coral Gables FL Zip Code 33134

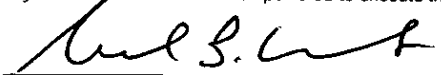
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  Richard Weiss, Manager 7/10/2002 DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1
600006561516--7
-07/23/02--01004--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Richard Weiss, 2801 Ponce de Leon Blvd., #1060, Coral Gables Florida 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Rafael Perez, 2801 Ponce de Leon Blvd., #1060 Coral Gables, Fl 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Dora Rodriguez-Duran 2801 Ponce de Leon Blvd., #1060 Coral Gables, Fl 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Gemma Rosello 2801 Ponce de Leon Blvd., #1060 Coral Gables, Florida 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  Richard Weiss, Manager 7/10/2002 DATE
Daytime Phone #

CR2E083B (12/01)