

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000970

Entity Name: ICORE HEALTHCARE, LLC

FILED
Jul 08, 2004
Secretary of State

Current Principal Place of Business:

5850 T.G. LEE BOULEVARD, SUITE 510
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5850 T.G. LEE BOULEVARD, SUITE 510
ORLANDO, FL 32822

New Mailing Address:

9881 BROKEN LAND PARKWAY
SUITE 202
COLUMBIA, MD 21046

FEI Number: 02-0676924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MANTENA, RAJU
Address: 5850 T.G. LEE BOULEVARD, SUITE 510
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAJU MANTENA

MGR

07/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date