

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M97000000436

FILED
Feb 26, 2002 8:00 AM
Secretary of State

Entity Name: PRIME CARE TWO, LLC

Current Principal Place of Business:

1 NORTH PENNSYLVANIA STREET, SUITE 1000
INDIANAPOLIS, IN 462043114

New Principal Place of Business:

401 PENNSYLVANIA PARKWAY
SUITE 108
INDIANAPOLIS, IN 46280

Current Mailing Address:

1 NORTH PENNSYLVANIA STREET, SUITE 1000
INDIANAPOLIS, IN 462043114

New Mailing Address:

401 PENNSYLVANIA PARKWAY
SUITE 108
INDIANAPOLIS, IN 46280

FEI Number: 35-2016922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: HICKS, JAY L
Address: 1 NORTH PENNSYLVANIA STREET, SUITE 1000
City-St-Zip: INDIANAPOLIS, IN 462043114

Title: MGRM () Delete
Name: DAVIES, ROBERT N
Address: 1 NORTH PENNSYLVANIA STREET, SUITE 1000
City-St-Zip: INDIANAPOLIS, IN 462043114

Title: MGRM () Delete
Name: WHITMAN, ARNOLD M
Address: 1 NORTH PENNSYLVANIA STREET, SUITE 1000
City-St-Zip: INDIANAPOLIS, IN 462043114

Title: MGR () Delete
Name: PHILLIPE, THOMAS E JR.
Address: DOUBLE T RANCH, RT. 2, BOX 1244
City-St-Zip: UTOPIA, TX 78884

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HICKS, JAY L
Address: 401 PENNSYLVANIA PARKWAY, SUITE 108
City-St-Zip: INDIANAPOLIS, IN 46280

Title: MGRM (X) Change () Addition
Name: DAVIES, ROBERT N
Address: 401 PENNSYLVANIA PARKWAY, SUITE 108
City-St-Zip: INDIANAPOLIS, IN 46280

Title: MGRM (X) Change () Addition
Name: WHITMAN, ARNOLD M
Address: 401 PENNSYLVANIA PARKWAY, SUITE 108
City-St-Zip: INDIANAPOLIS, IN 46280

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: JAY L. HICKS

MGRM

02/26/2002

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