

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001485

1. Entity Name
LOGISTICARE SOLUTIONS, LLC

FILED

00 FEB -4 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1895 PHOENIX BLVD., SUITE 306
COLLEGE PARK GA 30349

Mailing Address
1895 PHOENIX BLVD., SUITE 306
COLLEGE PARK GA 30349-5533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1895 Phoenix Blvd Suite 306
Suite, Apt. #, etc.

City & State
College Park, GA

4. FEI Number
58-2491253

Applied For
 Not Applicable

Zip
30349

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE CORPORATION TRUST COMPANY
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Albert Cortina

Street Address (P.O. Box Number is Not Acceptable)
8323 NW 12th Street

City
Miami

FL

Zip Code
33126

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 Albert Cortina, Executive VP Finance *Albert Cortina* 1/12/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
LOGISTICARE, INC.
1895 PHOENIX BLVD., SUITE 306
COLLEGE PARK GA 30349

Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200003128082
-02/08/00-01118-007
*****55.00 *****55.00

Change Addition

TITLE
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CITY - ST - ZIP

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Change Addition

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: Albert Cortina, Exec VP Finance *Albert Cortina* 1/12/2000 770-907-7526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #