## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2002 8:00 am Secretary of State P01000110974 DOCUMENT # 05-07-2002 90227 030 \*\*\*150.00 1. Entity Name 1 PREMIERCARE HOLDING COMPANY, INC. Principal Place of Business Mailing Address 603 MAIN ST P.O. ROX 1100 90006 WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3758505 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barkman, Kevin Street Address (P.O. Box Number is Not Acceptable) 603 MAIN ST WINDERMERE FL 34786 City Zip Code 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DCAS TITLE CQLA X TITLE (9/01) Addition Donald R. Dizney NAME NAME Stephen Fehr STREET ADDRESS 603 Main Street STREET ADDRESS 603 Main Street CR2E034 CITY-ST-ZIP CITY-ST-ZIP Windermere, FL 34786 Windermere, FL 34786 TITLE XI DAIDD TITLE Change X Addition NAME NAME James E. English Janine Delehunt STREET ADDRESS 603 Main Street STREET ADDRESS 603 Main Street CITY-ST-78 CITY-ST-ZIP Windermere, FL 34786 Windermere, FL 34786 TITLE TITLE ANDED X Change ☐ Addition NAME NAME: David A. Dizney STREET ADDRESS STREET ADDRESS 603 Main Street CITY-\$1, 7P CITY-ST-ZIP Windermere, FL 34786 TITLE TITLE R William ☐ Change ■ Addition NAME NAME Kevin Barkman STREET ADDRESS STREET ADDRESS 603 Main Street CITY-ST-ZIP CITY-ST-7IP Windermere, FL 34786 TITLE X DADD TITLE ☐ Change ☐ Addition NAME NAME Patrick Hammer STREET ADDRESS STREET ADDRESS 8521 LaGrange Road CITY-ST-ZIP CITY-ST-ZIP Louisville, KY 40242 TITLE X (AAD) TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS Gregory R. Cunniff STREET ADDRESS CITY-ST-ZIP 603 Main Street CITY-ST-ZIP

13. I hereby classification and the policy of 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PROURE Kevin Barkman

(407) 876-2200

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