

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000036388**

1. Entity Name  
**Lifecare Partners, Inc.**

**FILED**  
00 JUL 11 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**210 Jupiter Lakes Blvd**  
**Bldg 3000 Ste 205/206**  
**Jupiter FL 33458**

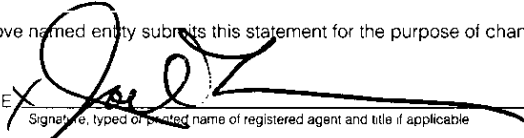
2. Principal Place of Business 3. Mailing Address  
**210 Jupiter Lakes Blvd** **210 Jupiter Lakes Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Bldg 3000/205-206** **Bldg 3000/205-206**  
City & State City & State  
**Jupiter FL 33** **Jupiter FL**

Zip Country Zip Country  
**33458 USA** **33458 USA**

4. FEI Number **650919795** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MALLOREY EARL K.**  
**675 W. Indiantown Rd Ste 103**  
**Jupiter, FL 33468**

7. Name and Address of New Registered Agent  
Name **Joela A. Levien, MD**  
Street Address (P.O. Box Number is Not Acceptable) **210 Jupiter Lakes Blvd**  
**Bldg 3000 205-206**  
City **Jupiter** FL Zip Code **33458**

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  (NOTE: Registered Agent signature required when reinstating) DATE **7/7/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Joel A. Levien, MD</b> <b>138 Sweet Bay Circle</b> <b>Jupiter, FL 33458</b>
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**200003329082-4**  
**-07/20/00--01002--013**  
**\*\*\*150.00 \*\*\*150.00**

**7 LEVINS JUL 19 2000**

13. 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 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  DATE **7/7/00** DAYTIME PHONE #

CR2E034 (9/99)