

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000324
 1. Entity Name
PROVIDENCE OF CENTRAL FLORIDA, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 27 AM 3:05

Principal Place of Business
**400 WEST MORSE BLVD., SUITE 101
 WINTER PARK FL 32789**

Mailing Address
**400 WEST MORSE BLVD., SUITE 101
 WINTER PARK FL 32789-4259**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3430696** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MORAN, THOMAS P ESQ.
 111 N. ORANGE AVE., SUITE 1200
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,400.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000011180
NAME	PCF OF CENTRAL FLORIDA, INC.
STREET ADDRESS	400 WEST MORSE BLVD., SUITE 220
CITY - ST - ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000003264230--8
CITY - ST - ZIP	-05/23/00--01119--008
	****150.00 ****150.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Faisal Fakh* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 4/17/00 Daytime Phone #: 407-740-5447

11-00000

CR21 003 (9/99)