

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004321

1. Entity Name
LIFECARE TECHNOLOGIES, INC.

Principal Place of Business
ATTN: MICHAEL FELIX
12910 AUTOMOBILE BLVD.
CLEARWATER FL 33762

Mailing Address
ATTN: MICHAEL FELIX
12910 AUTOMOBILE BLVD.
CLEARWATER FL 33762

FILED

00 DEC 29 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
4908-B Creekside Dr
Suite, Apt. #, etc.

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

REINSTATEMENT

City & State
Clearwater FL
Zip
33762

City & State
Country

4. FEI Number 59-3579075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALLER, KAREN E ESQ.
C/O POWELL, CARNEY, ET AL
ONE PROGRESS PLACE, SUITE 1210
ST. PETERSBURG FL 33701

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 *Karen E. Maller*
Signature, typed or printed name of registered agent and title if applicable.

900003532549--8
-01/11/01--01037--011
****750.00 ****750.00

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

FILE NOW!!! FEE 16/8550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTD WILSON, R. BRUCE 670 NORTH COMMERCIAL STREET MANCHESTER NH 03101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICKLEFS, DONALD P THREE CENTER PLAZA, SUITE 420 BOSTON MA 02108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREWAL, NAROTAM S 28 CEDAR ROAD NORTH HAMPTON NH 03862	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD William Voorheis 4908 CREEKSIDE Dr CLEARWATER, FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Voorheis* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/00
Date

727 5137647
Daytime Phone #

KE

CR2E034 (5/00)