

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F99000004321

1. Entity Name

LIFECARE TECHNOLOGIES, INC.

Principal Place of Business

4908-B Creekside Drive
Clearwater, FL 33760

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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

Karen E. Maller, Esq.
Powell, Carney, Gross, Maller & Ramsay, P.A.
One Progress Plaza
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PTD	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<input checked="" type="checkbox"/>	PTD	William Voorheis	same as above	
	<input type="checkbox"/>	D	Narotam S. Grewal	same as above	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Jerry Stonemetz	same as above		<input type="checkbox"/>	<input checked="" type="checkbox"/>
President/CEO	Hoyt M. Layson, Jr.	same as above		<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/COO	Kulwant Grewal	same as above		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/CFO/Secretary	Stephen H. Sherrill	same as above		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DO NOT WRITE IN THIS SPACE

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