## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # G56190** T.L.C. MEDICARE SERVICES OF DADE, INC. 02-05-2001 90102 028 \*\*\*150.00 Principal Place of Business Mailing Address 1983 MARCUS AVENUE, CB 7011 1983 MARCUS AVENUE, CB 7011 AKE SUCCESS NY 11042 LAKE SUCCESS NY 11042 COUTIJEE 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 59-2313217 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 Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE Change SAVITSKY, STEPHEN NAME NAME 1983 MARCOS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE SUCCESS NY 11042 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition SAVITSKY, DAVID NAME NAME STREET ADORESS 1983 MARCUS AVENUE STREET ADDRESS CITY-ST-ZIP LAKE SUCCESS NY 11042 CITY-ST-ZIP DP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME CLIFT, DALE R NAME STREET ADDRESS 1983 MARCUS AVENUE STREET ADDRESS CITY-ST-ZIP LAKE SUCCESS NY 11042 CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition DERR, WILLARD T NAME NAME 1983 MARCUS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE SUCCESS NY 11042 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME SILVER, RENEE J NAME STREET ADDRESS 1983 MARCUS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE SUCCESS NY 11042 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 received 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.

CITY-ST-ZIP

SIGNATURE: \_\_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #