

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90363 047 \*\*\*150.00

**DOCUMENT # G56190**

1. Entity Name

**T.L.C. MEDICARE SERVICES OF DADE, INC.**

Principal Place of Business

**1983 MARCUS AVENUE, CB 7011  
 LAKE SUCCESS NY 11042  
 US**

Mailing Address

**1983 MARCUS AVENUE, CB 7011  
 LAKE SUCCESS NY 11042  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2313217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	CD	<input type="checkbox"/> Delete
NAME	SAVITSKY, STEPHEN	
STREET ADDRESS	1983 MARCOS AVENUE	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVENUE	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CLIFT, DALE R	
STREET ADDRESS	1983 MARCUS AVENUE	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DERR, WILLARD T	
STREET ADDRESS	1983 MARCUS AVE	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SILVER, RENEE J	
STREET ADDRESS	1983 MARCUS AVE	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Renee Silver* **Renee Silver** 04-09-02 (516) 358-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)