## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

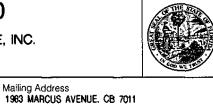
LAKE SUCCESS NY 11042

## G56190 **DOCUMENT #**

Principal Place of Business

1983 MARCUS AVENUE, CB 7011 LAKE SUCCESS NY 11042

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



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90185 020 \*\*\*150.00

CO 82 180	
	a commen mann mich der

US		US										
2. Principal Place of Business		3. Mailing Address							<b>  </b>	IBH BIBH IBH		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				<b>4.</b> F	4. FEI Number 59-2313217			plied For t Applicable	
Zip	Country				Country		5. 0				.75 Additional Required	
	6. Name	and Address of Current R	egistered	Agent	7.			7. Name and Address of New Registered Agent				
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 105	5											
TALLAHAS	SSEE FL 32	301			City				FL	Zip Code	•	
	named entity ions of registe		the purpos	e of changing its re	egistered offic	e or regis	tered age	ent, or both, in the State of Flo	orida. I am fai	miliar with,	and accept	
SIGNATURE .	Signature, typed o	r printed name of registered agent an	d title if applica	ble. (NOTE:	Registered Agent	ignature requi	ired when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00  a After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Fir Trust Fund Contributio	• —		May Be to Fees	
10.		OFFICERS AND D	IRECTORS		11.			DITIONS/CHANGES TO OFF			S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEPHEN COS AVENUE CESS NY 11042		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	CD Ha	199, 783 LaKe	Sames K Marcus Aven Saccess, A	ا سو ۱۷۷۱/۱۷۷	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DAVID CUS AVENUE CESS NY 11042		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Cal Cal 19 ha	Hald.	Marcus Aug Saccess, NY	enue	Change	☐ Addition (	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1983 MAR	E R	<del>-</del>	☐ Delete	TITLE - NAME STREET ADDR CITY-ST-ZIP	ss 100	_ 戈	Necley Dueno Marches Dueno Success, NY11		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DERR, WIL 1983 MARI LAKE SUC			□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				]	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SILVER, RE 1983 MARG LAKE SUC			☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	VP I-ri IS 191	edfe 83 aKe	Marcus Aver Sacres NV	1042	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADOR CITY - ST - ZIP					Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE: