

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000002542

1. Entity Name

MEDCARE MANAGEMENT SYSTEMS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 26 PM 3:05

Principal Place of Business

3599 University Blvd.,  
South

Jacksonville, FL 32216

Mailing Address

3599 University Blvd.,  
South

Jacksonville, FL 32216

2. Principal Place of Business

6195-4 Lake Gray Blvd

Suite, Apt. #, etc.

3. Mailing Address

6195-4 Lake Gray Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

Zip

Country  
Duval

City & State

Jacksonville, FL

Zip

Country  
Duval

4. FEI Number

59-3631024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.  
50 North Laura Street  
Suite 2750  
Jacksonville, FL 32202

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

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
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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Scott B Baker 3550 University Blvd Ste 302 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Kay E Gilmour 3550 University Blvd Ste 302 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member A Allen Seals 3550 University Blvd Ste 302 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003961620-6 -04/06/01--01008--006 *****50.00 *****50.00	<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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)