2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000008928											
1. Entity Name QUANTUMCARE, LLC						FILED					
						AAL 10	25 AM 9:	15			
Principal Place of Business 3890 TURTLE CREEK DRIVE. SUITE 8-1 PORT ORANGE FL 32127 Mailing Address 3890 TURTLE CREEK DRIVE PORT ORANGE FL 32127 PORT ORANGE FL 32127				TE B-1		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal F	Place of Business	3. Mailing Address	-								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE.					
City & State		City & State			4. FEI N		59-3662869 Applied For Not Applicable				
Zip	Country	Zip	Count		5. Certificate of Status De		Desired S5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Name	e and Addres	s of New Registere	d Agent		7	
FRIEBIS,	DANIEL S		Name-						_		
3890 TURTLE CREEK DRIVE, SUITE B-1 PORT ORANGE FL 32127				Street Add	lress (P.O. Box N	(P.O. Box Number is Not Acceptable)					
			•	City	·			Zip Co	ode	4	
8. The above	named entity submits this statement for	or the purpose of changing its	reaistèr	ed office or re	egistered agent.	or both, in the				\dashv	
	•				3						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature :	required when reinstation	ng) ,	DAT	<u> </u>			
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	·	Make Check Pa									
	MANAGUIG 445145	EDO (AUT) (DEDO	10.	•			-				
9.	MANAGING MEMBERS/MEMBERS Shareholder/President Delete			E		Al	ODITIONS/CHANG	ES Change	Addition	d 5	
NAME	Patrick R. Flack			E					L. J Modition	(11/00)	
STREET ADDRESS	NESS 925 18th Street North			ET ADDRESS						F083	
CITY-ST-ZIP	St. Petersburg, FL 33713			-ST-ZIP						⊸ ი	
TITLE NAME	Shareholder Jerry A. Doorn	☐ Delete	TITLI NAM	l l		•		☐ Change	Addition	g	
STREET ADDRESS	9021 Baywood Park Drive			ET ADDRESS		,					
CITY-ST-ZIP 1	Seminole, FL 33777			-ST-ZIP .	1.3						
TITLE		Delete	IIIL		erne e	500C	03602		— □ Addition	<u>-</u> ا	
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CITY-ST-ZIP!	portification information and the second	A district filling of Control		-ST-ZIP	the One of the Control of the Contro	7(0)(2) 52 11		1		-	
indicated	pertify that the information supplied with on this report is true and accurate and billity company or the receiver or truster	hat my signature shall have	the same	e legal effect a	as if made under	oath; that I ar	statutes. I further on a managing men	certify that the ber or manaç	information jer of the		
		The last	/_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_		1/		/ ;			
SIGNAT	URE:	F SIGNING MANAGING MEMBER, MAI	VAGER, OR	AUTHORIZED RE	PRESENTATIVE	Date	> /01	Daytime Phone #			