

2001 UNIFORM BUSINESS REPORT (UBR)

0023486 AF

DOCUMENT # L00000012932

1. Entity Name
MEDCARE CENTER L.C.

FILED
01 JAN 31 PM 12
SECRETARY OF S
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10570 S. FEDERAL HIGHWAY, SUITE 201
PORT ST. LUCIE FL 34952

Mailing Address
10570 S. FEDERAL HIGHWAY, SUITE 201
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, PAUL A
10570 S. FEDERAL HIGHWAY, SUITE 201
PORT ST. LUCIE FL 34952

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Paul Elliott
10570 S. Federal Highway, Suite 201
Port St. Lucie, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003656938-4
-02/08/01--01007--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Nicholas Elliott
10570 S. Federal Highway, Suite 201
Port St. Lucie, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

1/18/01 (561) 398-1100

CR2E083 (11/00)