	Section 1 and 1 an	- 1
2001	UNIFORM BUSINESS REPORT	(UBR)

DOCUM 1. Entity Name		0012932			•		· · · · · · · · · · · · · · · · · · ·		-		•
MEDCARE CENTER L.C.						FILED					
							01 JAN 3	PH 12			
Principal Place		Mailing Address					01 341.0	יי. אור כ			
10570 S. FEDERAL HIGHWAY. SUITE 201 10570 S. FEDERAL HIGHW PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 3495.				TE 201			SECRETAR' TALLAHASS				
		<u>f</u>									
2. Principal Place	ce of Business	3. Mailing Address							(IIII III IIII ) /		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SF	PACE	/	
City & State		City & State			•	4. FEII	Number		<del></del>	plied For t Applicable	}
Zip	Country	Zip	Cour	itry		5. Certi	ficate of Status Desired		5.00 Add		
	6. Name and Address of Current	Registered Agent		NI TOTAL		7. Nam	e and Address of New Re	egistered Ag	jent		-
FLUOTT D	ALID A			Name	· -	-					_ -
ELLIOTT, PA 10570 S. FE	rul a Ederal Highway, Suite 201  ,			Street	Address (I	P.O. Box N	lumber is Not Acceptable)		·		1
PORT ST. L	UCIE FL 34952			City			,		Zip Code		4
<u>.</u>	<u></u>							FL	Zip Code		1
8. The above no	amed entity submits this statement for	the purpose of changing its	register	ed office	or register	ed agent,	or both, in the State of Flor	ida.			ļ
SIGNATURE	gnature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent sign	nature required	when reinstat	ing)	DATE		· · · · · · · · · · · · · · · · · · ·	
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		FILE NO Make Check Pay		F.		f State					
9.	MANAGING MEMBE	RS/MEMBERS	10.				ADDITIONS/	CHANGES			-
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NAME (	Paul Elliott	1. C 10420	NAM				· Žoonona:	SSE	<b>-</b> 38	4	1
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11. I hereby certify that the information soft plied 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 the information 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 employeed 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  Description Phone #											