

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90035 017 ****50.00

DOCUMENT # L00000012932

1. Entity Name

MEDCARE CENTER L.C.

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

Suite, Apt. #, etc.

101

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

101

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ELLIOTT, PAUL**
STREET ADDRESS **10570 S. FEDERAL HIGHWAY, SUITE 201**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **MGRM** ☐ Delete
NAME **ELLIOTT, NICHOLAS**
STREET ADDRESS **10570 S. FEDERAL HIGHWAY, SUITE 201**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E083 (9/01)

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 #

772-398-1100