FILED
Jun 05, 2003 8:00 am
Secretary of State
04-23-2003 90232 026 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012932

1. Entity Name
MEDCARE CENTER L.C.

44003447

Principal Place of Business	Mailing Address
10570 S. FEDERAL HIGHWAY. 101 PORT ST. LUCIE FL 34952	10570 S. FEDERAL HIGHWAY. 101 PORT ST. LUCIE FL 34952

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1050 S.E. Monterey Road	1050 S.E. Monterey Road
Suite, Apt. #, etc. #301	Suite, Apt. #, etc. #301
City & State Stuart, FL	City & State Stuart, FL
Zip 34994 Country U.S.	Zip 34994 Country U.S.

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	7. Name and Address of New Registered Agent
ELLIOTT, PAUL A 10570 S. FEDERAL HIGHWAY, SUITE 201 PORT ST. LUCIE FL 34952	Name: Elliott, Paul A. Street Address (P.O. Box Number is Not Acceptable): 1050 S.E. Monterey Road Suite #301 City: Stuart FL Zip Code: 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Paul Elliott (Signature, typed or printed name of Registered Agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ELLIOTT, PAUL 10570 S. FEDERAL HIGHWAY, SUITE 201 PORT ST. LUCIE FL 34952	☐ Delete	MGRM Elliott, Paul 1050 S.E. Monterey Road, Suite #301 Stuart, FL 34994	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ELLIOTT, NICHOLAS 10570 S. FEDERAL HIGHWAY, SUITE 201 PORT ST. LUCIE FL 34952	☐ Delete	MGRM Elliott, Nicholas 1050 S.E. Monterey Road, Suite #301 Stuart, FL 34994	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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 REQUIRED 4/30/03 (772) 289-1220
(SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGER/MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)