

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-23-2003 90232 026 ****50.00

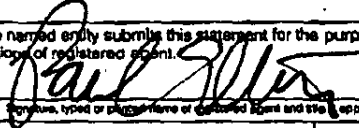
**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # L00000012932			
1. Entity Name MEDCARE CENTER L.C.			
Principal Place of Business 10570 S. FEDERAL HIGHWAY. 101 PORT ST. LUCIE FL 34952		Mailing Address 10570 S. FEDERAL HIGHWAY. 101 PORT ST. LUCIE FL 34952	
2. Principal Place of Business 1050 S.E. Monterey Road Suite, Apt. #, etc. #301		3. Mailing Address 1050 S.E. Monterey Road Suite, Apt. #, etc. #301	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34994		Zip 34994	
Country U.S.		Country U.S.	
4. FEI Number APPLIED FOR 65-1050480		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 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 obligation of registered agent.			
SIGNATURE 		DATE 4/30/03	
(NOTE: Registered Agent signature required when reappointing)			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM ELLIOTT, Nicholas 1050 S.E. Monterey Road, Suite #301 Stuart, FL 34994 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 60B, Florida Statutes.			
SIGNATURE: 		DATE 4/30/03 (112) 289-1220	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CFR0083 (1/02)