

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2002 90021 030 \*\*\*\*\*55.00

**DOCUMENT # L00000015750**

1. Entity Name

**HCCH RESPITE, LLC**

Principal Place of Business

**11 NORTH PARRAMORE AVE.  
ORLANDO FL 32801**

Mailing Address

**11 NORTH PARRAMORE AVE.  
ORLANDO FL 32801**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3687010**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MCGLONE, PAUL G  
11 NORTH PARRAMORE AVE.  
ORLANDO FL 32801****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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>CD</b>			
	<b>PINELL, MICHAEL MD</b>			
	<b>1414 KUHLE AVE.</b>			
	<b>ORLANDO FL 32806</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>SD</b>			
	<b>SAWYER, THOMAS MD JD</b>			
	<b>8947 BAY COVE CT.</b>			
	<b>ORLANDO FL 32819</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>TD</b>			
	<b>BAUDER, BRUCE</b>			
	<b>201 E. PINE ST., STE. 550</b>			
	<b>ORLANDO FL 32801</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>MCGLONE, PAUL G</b>			
	<b>11 NORTH PARRAMORE AVE.</b>			
	<b>ORLANDO FL 32801</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 608, Florida Statutes.

**SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/3/02****407-428-5751**

CR2E083 (9/01)