

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90018 042 ****50.00

DOCUMENT # L01000000077

1. Entity Name

FACILICARE, LLC

Principal Place of Business

**400 NORTH TAMPA STREET
SUITE 2300
TAMPA FL 33602**

Mailing Address

**400 NORTH TAMPA STREET
SUITE 2300
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

1151 Shipwatch Circle P.O. Box 20043

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

St Petersburg FL

4. FEI Number

59-3705778

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

**MOORE, C.A.
400 NORTH TAMPA STREET
SUITE 2300
TAMPA FL 33602**

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

10. ADDITIONS/CHANGES

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

Boyd E. Kuech - treasurer**2/26/02****616-399-5953**

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

Date

Daytime Phone #