

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

05-05-2003 92177 032 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L0100000077**

1. Entity Name  
**FACILICARE, LLC**

Principal Place of Business  
4451 SHIPWATER CIR  
TAMPA, FL 33602

Mailing Address  
P.O. BOX 20043  
ST PETERSBURG, FL 33742

2. Principal Place of Business  
**1002 Royal Pass Rd**  
State, Apt, Fl, etc.

3. Mailing Address  
**Po Box 20043**  
SUITE, APT, E, ETC.

City & State  
**Tampa FL**

City & State  
**St Petersburg**

Zip  
**33602**

Zip  
**33742-0043**

Country

Country

4. FEI Number  
**68-3705778**

Applied For  
Not Applicable

5. Certificate of State Deemed  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOORE, C.A.  
400 NORTH TAMPA STREET  
SUITE 2300  
TAMPA, FL 33602**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. MANAGING MEMBERS/MANAGERS

DELETE	ADD	ADDITIONS/CHANGES
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VP KEECH, RANDALL F 1161 SHIPWATER CIR TAMPA, FL 33602	→ 1002 Royal Pass Rd	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VP RICHANDO, RAJESH 6237 GREENLEAF CIR TAMPA, FL 33618		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 606, Florida Statutes.

SIGNATURE: *Randy Kech* 4/25/03 616-399-5753

PRINT NAME AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CHANGES (1 PAGE)