

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**
City & State: **Tampa FL**
3. Mailing Address: **P.O. Box 20043**
City & State: **St Petersburg FL**

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: _____

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 firm or wish, and accept the obligations of my stated agent.

SIGNATURE: _____ DATE: _____

MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	KEECH, RANDALL F	1161 SHIPWATER CIR	TAMPA, FL 33602				
	VP RICHANDO, RAJESH	6237 GREENLEAF CIR	TAMPA, FL 33618				

ADDITIONS/CHANGES: Change Addition

11. 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. 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

CHANGES (1 PAGE)