LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90257 024 ****50.00

DOCUMENT # L01000002043

1. Entity Name

PACS HOLDINGS L.L.C.

967827

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2100 WEST 76th STREET	2100 WEST 76th STREET
Suite, Apt. #, etc.: STE 211	Suite, Apt. #, etc.: STE 211
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. FEI Number: 65-1088290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHANEY, ROBERT K.

Street Address (P.O. Box Number is Not Acceptable): 2100 WEST 76th STREET

STE 211

City: HIALEAH **FL** Zip Code: 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GITLIN, RIK 2100 WEST 76th STREET STE 211 HIALEAH, FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SIBILLE, PIERRE 2100 WEST 76th STREET STE 211 HIALEAH, FL 33016
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CR2E083B (12/01)

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE