

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000003153

FILED
Apr 30, 2003
Secretary of State

Entity Name: CARESERVICES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

5251 NW 33RD AVENUE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

5420 NW 33RD AVENUE
SUITE 309
FORT LAUDERDALE, FL 33309

Current Mailing Address:

777 YAMATO ROAD
SUITE 330
BOCA RATON, FL 33431

New Mailing Address:

2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426

FEI Number: 65-1094432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYRICK, KIM
777 YAMATO ROAD
SUITE 330
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

MYRICK, KIM
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33416

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:

04/30/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MYRICK, KIM
Address: 1664 FLAGLER MANOR CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: LECHNER, BRIAN
Address: 360 S.E. MIZNER BLVD., SUITE 1509
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: BROWN, ROGER
Address: 3265 ST. JAMES DRIVE
City-St-Zip: BOCA RATON, FL 33454

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MYRICK, KIM
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM (X) Change () Addition
Name: LECHNER, BRIAN
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM (X) Change () Addition
Name: KAPLAN, MIKE
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KIM MYRICK

CFO

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date