## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000011998

1. Entity Name

ALLIANCE HEALTH CARE CENTER OF ORLANDO, LLC

SIGNATURE AND TYPED OR PI

j Principal Pla	ice of business	Mailin	Mailing Address 5542 LAKE HOWELL RD. WINTER PARK FL 32792										
5542 LAKE H WINTER PAR													
2. Principal	Place of Business	3. Mail	ing Address										
Suite, Apr	t. #, etc.	Sulte	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Sta	ite	City	City & State				4. FEI Number 346802 Applied For Not Applied by						
Zip	Country	Zip	Zip Counti			5. Certificate of State			CE OO A AREA			٦	
	6Name and Address of Cu	rrent Registere	Istered Agent			7. Name and Address of New Registered Agent					180	ᅱ	
 					Name								
	RK, MARIA 42 LAKE HOWELL RD.		Street Addre			Address (P.	ess (P.O. Box Number is Not Acceptable)						$\exists$
WI	VTER PARK FL 32792							<del></del> .		· -		<del></del>	┨
					City		···-	<del></del>		F	L Zip Co	de	٦
8. The above	named entity submits this statemen	ent for the purpo	se of changing its	registere	d office o	x registered	agent,	or both, in th	e State of	Florida.	<u> </u>		7
SIGNATURE	Signature, typed or printed name of registered		NOTE:			<del> </del>							
	organia, types or printed their or togethere	avair inc the it oppe				thure required wh	en reinstati	ng)		DATE	<del></del>		4
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					y 1, 200		Julie .						1
9.	MANAGING ME	MBERS/MANA	GERS	10.					ADDITION	S/CHANGE	s		4
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CITY-ST-ZIP	[			STREE	T ADDRESS ST-71P	Winte		Park	,-,	327	797 _		
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NAME	•		LJ Darag	NAME	1						☐ Change	☐ Addition	1
STREET ADDRESS					ADDRESS								l
CITY-ST-ZIP				CHTY-S	r- <i>2</i> 1P								

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.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Jun 05, 2002 8:00 am Secretary of State

05-13-2002 90204 040 \*\*\*\*50.00

Daytime Phone #