

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013097

1. Entity Name

GENESIS HEALTH AND FITNESS MANAGEMENT COMPANY, L  
L.C.

Principal Place of Business

1560 S.W. 19TH ST.  
BOCA RATON FL 33486

Mailing Address

1560 S.W. 19TH ST.  
BOCA RATON FL 33486

2. Principal Place of Business

64 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

64 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33432

Country

USA

City & State

BOCA RATON FL

Zip

33432

Country

USA

4. FEI Number

65-1151550

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

PAPAMICHAEL FOTIS  
1560 S.W. 19TH ST.  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

N/A

FL

Zip Code

N/A

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MORM  
NAME FOTIS PAPAMICHAEL  
STREET ADDRESS 64 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP BOCA RATON FL 33432

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/30/02

Date

361-239-4257

Daytime Phone #

FILED  
Aug 25, 2002 8:00 am  
Secretary of State

08-14-2002 90028 014 \*\*\*\*55.00

42048

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)