

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90321 026 ****50.00

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1. Entity Name

SENIOR CARE OF CENTRAL FLORIDA, LLC



Principal Place of Business

Mailing Address

1714 LANDO LANE
ORLANDO FL 32806
US

1714 LANDO LANE
ORLANDO FL 32806
US

2. Principal Place of Business

3385 Chatsworth Ln.
Suite, Apt. #, etc.

3. Mailing Address

Senior Care of Central Florida
3385 Chatsworth Ln.
Orlando, FL 32812

City & State

Orlando FL

City & State

Orlando FL

Zip

32812

Country

USA

Zip

32812

Country

USA

6. Name and Address of Current Registered Agent

FULLER, KIMBERLY
1714 LANDO LANE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name Fuller, Kimberly

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

3385 Chatsworth Ln

City Orlando

FL

Zip Code

32812

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 familiar with, and accept the obligations of registered agent.

SIGNATURE Kimberly J. Fuller President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-04-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME FULLER, KIMBERLY
STREET ADDRESS 1714 LANDO LANE
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE President
NAME Fuller, Kimberly ☒ Change ☐ Addition
STREET ADDRESS 3385 Chatsworth Ln Address change ONLY
CITY-ST-ZIP Orlando FL 32812

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Kimberly J. Fuller President

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

Date

01-04-03

Daytime Phone #

407 281-0014

CR2E083 (10/02)