2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 05, 2003
Secretary of State

DOCUMENT# L02000003705

Entity Name: FLORIDA MEDICAID SERVICES, LLC

Current Principal Place of Business:

12 FOREST LANE
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

12 FOREST LANE
EUSTIS, FL 32726 US

New Mailing Address:

FEI Number: 75-3003280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEPNER, DIANA B MEMBER
12 FOREST LANE
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HEPNER, THOMAS C
Address: 12 FOREST LANE
City-St-Zip: EUSTIS, FL 32726 US

Title: MGRM ( ) Delete
Name: HEPNER, DIANA B
Address: 12 FOREST LANE
City-St-Zip: EUSTIS, FL 32726 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: HEPNER, DIANA B ESQ.
Address: 12 FOREST LANE
City-St-Zip: EUSTIS, FL 32726 US

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: THOMAS C HEPNER MGRM 01/05/2003

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