

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90111 012 \*\*\*\*50.00

**DOCUMENT # L02000009262**

1. Entity Name

**THE HEALTH CAREER GROUP, LLC**



Principal Place of Business

6615 NEWPORT LAKE CIRCLE  
BOCA RATON FL 33496

Mailing Address

6615 NEWPORT LAKE CIRCLE  
BOCA RATON FL 33496

2. Principal Place of Business

20283 State Rd 7

Suite, Apt. #, etc.  
Suite 300

City & State  
Boca Raton, FL

Zip Country  
33498 Palm Beach

3. Mailing Address

20283 State Rd 7

Suite, Apt. #, etc.  
Suite 300

City & State  
Boca Raton FL

Zip Country  
33498 Palm Beach



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3644088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMAN, LINDA L  
6615 NEWPORT LAKE CIRCLE  
BOCA RATON FL 33496

SAME  
change →

7. Name and Address of New Registered Agent

Name  
Linda L. Roman  
Street Address (P.O. Box Number is Not Acceptable)  
9888 grande verde way  
#102  
City  
Boca Raton FL Zip Code  
33428

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

*Linda L. Roman*

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
managing member  
Linda L. Roman  
9888 grand verde way #102  
Boca Raton, FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

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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:

*Linda L. Roman*

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

4-15-03

Date

561-487-3611

Daytime Phone #

CR2E083 (10/02)