

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017696

DOCUMENT # L02000012078

1. Entity Name

ELDERCARE MANAGEMENT CONSULTING, LLC



FILED

2003 OCT -3 AM 9:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

29605 US 19 NORTH STE. 140
CLEARWATER FL 33761

Mailing Address

29605 US 19 NORTH STE. 140
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, WILLIAM
29605 US 19 NORTH STE. 140
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 September 24, 2003

500023545745

10/03/03--01067--007 **\$50.00

9. ~~President~~ MANAGING MEMBERS/MANAGERS

TITLE ~~President~~
NAME William E. PRICE, MGR ☐ Delete
STREET ADDRESS 29605 U.S. Hwy 19 No Ste 140
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ~~Vice President~~
NAME NANCY M. RIDENOUR, MGR ☐ Delete
STREET ADDRESS 29605 U.S. Hwy 19 No. Ste 140
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

NANCY M. RIDENOUR

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

9/24/03 (727) 785-4447

Date

Daytime Phone #

CR2E083 (4/03)