

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90056 012 ****50.00

DOCUMENT # L02000012339

1. Entity Name

ELITE HOME HEALTH OF THE PALM BEACHES, L.L.C.



Principal Place of Business

**C/O W. MORGAN SPEER
1800 AUSTRALIAN AVENUE SOUTH STE. 100
WEST PALM BEACH FL 33409**

Mailing Address

**C/O W. MORGAN SPEER
1800 AUSTRALIAN AVENUE SOUTH STE. 100
WEST PALM BEACH FL 33409**

2. Principal Place of Business

1700 N. Dixie Hwy

3. Mailing Address

1776 N. Pine Island Rd.

Suite, Apt. #, etc.

127

Suite, Apt. #, etc.

101

City & State

BOCA RATON, FL

City & State

Plantation, FL

Zip

33432

Country

USA

Zip

33322

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2067750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPEER, W. MORGAN
1800 AUSTRALIAN AVENUE SOUTH STE. 100
WEST PALM BEACH FL 33409**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ~~Member Manager~~ ☐ Delete
NAME **Vivian Kaplan**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Member Manager** ☐ Change ☒ Addition
NAME **Vivian Kaplan**
STREET ADDRESS **6721 SW 55 St.**
CITY-ST-ZIP **Davie, FL 33314**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

Vivian Kaplan,

Member Manager

1/21/03

954-581-8700

CR2E083 (10/02)