2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003
Secretary of State

DOCUMENT# L02000016954

Entity Name: APPLIED HEALTH OUTCOMES, L.L.C.

Current Principal Place of Business:

4890 WEST KENNEDY BLVD. SUITE 760
TAMPA, FL 33609

New Principal Place of Business:

3488 EAST LAKE ROAD
210
PALM HARBOR, FL 34685

Current Mailing Address:

4890 WEST KENNEDY BLVD. SUITE 760
TAMPA, FL 33609

New Mailing Address:

3488 EAST LAKE ROAD
210
PALM HARBOR, FL 34685

FEI Number: 04-3697141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

ALAN, GASSMAN S
1245 COURT STREET
102
CLEARWATER, FL 33756 US

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: ALAN GASSMAN 02/06/2003
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MAUCH, ROBERT P JR
Address: 2871 KENSINGTON TRACE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAUCH, ROBERT P JR
Address: 3488 EASTLAKE ROAD
City-St-Zip: PALM HARBOR, FL 34685

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: ROBERT MAUCH MGR 02/06/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date