## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L02000024846

Entity Name: CLINICARE HEALTH SYSTEMS, LLC

FILED Mar 03, 2003 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
11900 BISCAYNE BLVD STE. 807 MIAMI, FL 33181			BAY 26&2	230 NORHT DIXIE HIGHWAY BAY 26&27 HOLLYWOOD, FL 33020		
Current Mailing Address:			New Mail	New Mailing Address:		
11900 BISCAYNE BLVD STE. 807 MIAMI, FL 33181			230 NORTH DIXIE HIGHWAY BAY 26&27 HOLLYWOOD, FL 33020			
FEI Number: 57-1136991 FEI Number Applied For ( )		FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MIAMI, FL 3318	IE BLVD STE. 807 1 ed entity submits this sta	tement for the pu	irpose of changing	its registered	d office or registered agent, or both,	
SIGNATURE:						
	Electronic Signature of	Registered Ager	nt		Date	
MANAGING MEMBERS/MEMBERS:			ADDITIO	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	230 NORTH	( ) Change (X) Addition HEALTH SYS, TEMS, LLC DIXIE HIGHWAY BAY 26&27 DD, FL 33020	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	CLINICARE 230 NORTH	( ) Change (X) Addition HEALTH SYS, TEMS, LLC DIXIE HIGHWAY BAY #26&27 DD, FL 33020	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	CLINICARE 230 NORTH	( ) Change (X) Addition HEALTH SYS, TEMS, LLC DIXIE HIGHWAY BAY 26&27 DD, FL 33020	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:		( ) Change (X) Addition UL E HIGHWAY #26&27 DD, FL 33020	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	MGR PICKARD, E 1947 NW 13 PEMBROKE		
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	230 NORTH	( ) Change (X) Addition HEALTH SYS, TEMS, LLC DIXIE HIGHWAY BAY #26&27 DD, FL 33020	

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: PAUL LIEGHT MGRM 03/03/2003