FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90039 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30059726

DOCUMENT # L02000030354

1. Entity Name
AGELESS CARE MANAGEMENT LLC

Principal Place of Business	Mailing Address
1715 STICKNEY POINT ROAD STE. C-6 SARASOTA, FL 34231	1715 STICKNEY POINT ROAD STE. C-6 SARASOTA, FL 34231

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02 0652140 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY 4TH FL
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Pamela M. Kelly
Street Address (P.O. Box Number is Not Acceptable): 1715 Stickney Point Road Ste C-6
City: Sarasota FL Zip Code: 34231

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: Pamela M. Kelly President Pamela M. Kelly 4/21/03
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		10. ADDITIONS/CHANGES	
TITLE	President & Treas. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Pamela M. Kelly	NAME	
STREET ADDRESS	1715 Stickney Pt. Rd.	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fla. 34231	CITY-ST-ZIP	
TITLE	V.P. Sec. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Agathe Bach	NAME	
STREET ADDRESS	1715 Stickney Pt. Rd.	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fla. 34233	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: Pamela M. Kelly President Pamela M. Kelly 4/21/03 941 922 1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #