

2000 UNIFORM BUSINESS REPORT (UBR)

0001308 AF

DOCUMENT # L92000000045

1. Entity Name
ALLIANCE HEALTH CARE GROUP, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 3: 14

Principal Place of Business 1686 W. HIBISCUS BLVD. % O'BREIN, RIEMENSCHNEIDER MELBOURNE FL 32901	Mailing Address 1686 W. HIBISCUS BLVD. % O'BREIN, RIEMENSCHNEIDER MELBOURNE FL 32901-2631
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3151851	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**KANCILIA, JOHN R ESQ.
1686 W. HIBISCUS BLVD.
MELBOURNE FL 32901**

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.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

BLT

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALTH CARE ASSOCIATES OF BREVARD, INC. 730 EMERSON DRIVE PALM BAY FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300002148923--? -02/28/00--01020--024 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J. BRAD STREET **2/8/00 3219530278**
Date Daytime Phone #

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CR2E083 (9/99)