

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 22, 2001 08:00 AM
Secretary of State**

DOCUMENT # L92000000045

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

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
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2. Principal Place of Business 1686 W. HIBISCUS BLVD. Suite, Apt. #, etc.	3. Mailing Address 1686 W. HIBISCUS BLVD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MELBOURNE FL	City & State MELBOURNE FL
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4. FEI Number 59-3151851	Applied For <input type="checkbox"/> Not Applicable
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Zip 32901	Country US	Zip 32901	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KANCILIA JOHN RESQ.
1686 W. HIBISCUS BLVD.

MELBOURNE FL 32901 US

7. Name and Address of New Registered Agent

Name
RIEMENSCHNEIDER MICHAEL RESQ.
Street Address (P.O. Box Number is Not Acceptable)
1686 W. HIBISCUS BLVD.

City MELBOURNE FL Zip Code 32901

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 **MICHAEL R. RIEMENSCHNEIDER**

01/22/2001

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

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

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: James J. Bradstreet

M 01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)