

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90025 024 *****55.00

DOCUMENT # L93000000447

1. Entity Name

GOLDEN CARE HOLDINGS, L.C.

Principal Place of Business

**1343 MAIN STREET
 7TH FLOOR
 SARASOTA FL 34236**

Mailing Address

**1343 MAIN STREET
 7TH FLOOR
 SARASOTA FL 34236**

2. Principal Place of Business

ONE South School Ave.

Suite, Apt. #, etc.

Suite 1000

City & State

Sarasota, FL

Zip

34237

Country

USA

3. Mailing Address

ONE South School Ave.

Suite, Apt. #, etc.

Suite 1000

City & State

Sarasota, FL

Zip

34237

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0464356

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MATZKIN, STEVEN R
 1343 MAIN STREET
 5TH FLOOR
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

ONE South School Avenue

Suite 1000

City

Sarasota, FL

FL

Zip Code

34237

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MATZKIN, STEVEN R
 1343 MAIN ST., 7TH FL
 SARASOTA FL 34236** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MATZKIN, STEVEN R
 1 S. SCHOOL AVE., SUITE 1000
 SARASOTA FL 34237-6046** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 Matzkin, Steven R** ☐ Change ☐ Addition
(Keep)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/02 (941) 955-3150

CR2E083 (9/01)