2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # L960	00000158						
1. Entity Name S/R AMERICAN MED-CARE CENTERS, L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Place	e of Business	Mailing Address			00 FEB 14 P	M 12: 43		
3047 FOREST		3047 FOREST HILL BLVI	D					
#42		#42						
WEST PALM B	BEACH FL 33406	WEST PALM BEACH FL	33406-5908					11 11 11 11 11 11 11 11 11 11 11 11 11
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		omber 65-0638445			lied For Applicable
Žip	Country	Zip	Country	5. Certifi	icate of Status Desired		00 Addit Required	ional
	6. Name and Address of Curre	nt Registered Agent		7. Name	and Address of New Re	gistered Agen	ıt	
DEMED B	DIAN D		Name					
REIMER, B	est Hill BLVD		Street Ad	ddress (P.O. Box Nu	umber is Not Acceptable)			
#42	COLUMN DEAD		<u> </u>					
	LM BEACH FL 33406		City			 1 7	Zip Code	
		· · · · · · · · · · · · · · · · · ·				FL		
3. The above	named entity submits this statement		s registered office or (E: Registered Agent signatu			DATE		
3. The above		ent and title if applicable. (NO		re required when reinstatin	(g)	DATE		
I. The above	Signature, typed or printed name of registered ag	ent and title if applicable. (NO FILE-N Make Check Pa	OWIII-FEE-IS \$	re required when reinstatin	-mfala	3)00 _		
3. The above	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signatu	re required when reinstatin	(g)	DATE 3) DO _	Change	☐ Addition {
3. The above	Signature, typed or printed name of registered ag	ent and title if applicable. (NO FILE N Make Check P	FE: Registered Agent signatu OWIII-FEE-IS \$ ayable to Departr 10.	re required when reinstatin 50.00 nent-of:State	abolitions/c	DATE 3) DO _	Change	Addition
THE ADDRESS The above SIGNATURE	MANAGING MEN MGRM SILVERMAN, STEVEN R 3184 S. CONGRESS AVE. PALM SPRINGS FL 33461	ent and title if applicable. (NO FILE N Make Check P	TE: Registered Agent signatu OWIII-FEE-IS \$ ayable to Departr 10. TITLE NAME	re required when reinstatin	abolitions/c	DATE 3)00 CHANGES		Addition
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