

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

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03-18-2002 90184 044 ****55.00

DOCUMENT # L96000001202

1. Entity Name
ELDER CARE OF PENSACOLA, L.C.

Principal Place of Business 107 BRANDON AVE. PENSACOLA FL 32507	Mailing Address 107 BRANDON AVE. PENSACOLA FL 32507
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3423049	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

FULLE, ROBERT N
2380 URSULA LANE
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLE, ROBERT N 2380 URSULA LANE PENSACOLA FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENSON-FULLE, PATRICIA T 2380 URSULA LANE PENSACOLA FL 32526 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert Fulle **ROBERT FULLE** 1/7/02 850 944 6937
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)