

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002690**

1. Entity Name

**QUALITY ELDERCARE OF FLORIDA, L.L.C.**

Principal Place of Business

**6093 N.W. 9TH COURT  
MARGATE FL 33019**

Mailing Address

**1101 VAN BUREN STREET  
HOLLYWOOD FL 33019**

2. Principal Place of Business

**6093 NW 9th Court**

Suite, Apt. #, etc.

3. Mailing Address

**6093 NW 9th Court**

Suite, Apt. #, etc.

City & State

**Margate FL**

City & State

**Margate Florida**

Zip

**33063**

Country

**USA**

Zip

**33063**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

**Not Applicable**

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COEL, MARK A**

**4000 HOLLYWOOD BLVD., SUITE 350-NORTH  
HOLLYWOOD FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

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

**900004218909--3  
-05/15/01--01146--001  
\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KOSS, DAVID  
1101 VAN BUREN STREET  
HOLLYWOOD FL 33019** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing Member  
Koss, David  
160 South Island  
Golden Beach FL 33160** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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**

**4/27/01 904-929-7587**

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

Date

Daytime Phone #

0006881 AF

CR2E083 (11/00)

**FILED**  
**2001 APR 27 AM 10: 56**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE