

2002 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

6093 NW 9TH CT
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COEL, MARK A
2700 SOUTH COMMERCE PARKWAY
SUITE 305
WESTON FL 33331-0000

7. Name and Address of New Registered Agent

Name: Jeremy A. Koss, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Presidential Circle, Suite 265 South
4000 Hollywood Blvd
City Hollywood FL Zip Code 33021

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOSS, DAVID
160 SOUTH ISLAND
GOLDEN BEACH FL 33160 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
managing member
David Koss
2415 N. 20th Ave.
Hollywood FL 33020 ☒ 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
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
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 034 ****50.00



DO NOT WRITE IN THIS SPACE

65-0875851

NOT APPLICABLE

Applied For

Not Applicable

4. FEI Number

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

CR2E083 (9/01)