

2001 UNIFORM BUSINESS REPORT (UBR)

0024209 AF

DOCUMENT # L99000001674

1. Entity Name
COSTA BRAVA SAN ANTONIO, LLC

FILED

01 JAN 22 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
205 TANNER STREET
CARROLLTON GA 30117

Mailing Address
205 TANNER STREET
CARROLLTON GA 30117

2. Principal Place of Business

1544 SAWDUST Rd
Suite, Apt. #, etc.
SUITE 210
City & State
THE WOODLANDS TX

3. Mailing Address

1544 SAWDUST Rd
Suite, Apt. #, etc.
SUITE 210
City & State
THE WOODLANDS TX

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0938514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
MIAMI FL 33130

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS DORCHESTER DEVELOPMENT CORP.
CITY-ST-ZIP 205 TANNER STREET
CARROLLTON GA 30117 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Change ☒ Addition
STREET ADDRESS DISTINGUISHED CARE SERVICES, LLC
CITY-ST-ZIP 1544 SAWDUST RD, SUITE 210
THE WOODLANDS, TX 77380

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003575991--8
CITY-ST-ZIP -01/26/01--01028--011
*****55.00 *****55.00

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

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

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

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]

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

1/18/01

Date

305 891-3331

Daytime Phone #

CR2E083 (11/00)