

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004260**

1. Entity Name

REGENCY HEALTH MANAGEMENT, LLC

Principal Place of Business

**1001 S BEACH STREET
DAYTONA BEACH FL 32014**

Mailing Address

**1001 S BEACH STREET
DAYTONA BEACH FL 32014**

FILED
01 FEB 12 AM 11:12
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1787067

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MCKIBBEN, R. BRUCE JR
1301 MICCOSUKEE RD
TALLAHASSEE FL 32301**

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 ☐ Delete
**MGRM
BRAME, RICHARD M
8238 MILL RACE ROAD
OOLTEWAH TN 37363**

TITLE NAME ☐ Delete
**MEM
BRAME, NANCY M
8238 MILL RACE ROAD
OOLTEWAH TN 37363**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
**700003708957--3
-02/19/01--01019--013
*****50.00- *****50.00**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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: **Richard Brame** **RICHARD BRAME**

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

2-7-01 423 238-5736

Date

Daytime Phone #

CR2E083 (11/00)