

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MMM

DOCUMENT # L99000005545

1. Entity Name
A.C.G. THERAPY CENTER, LLC

Principal Place of Business 1330 N.W. 6TH STREET STE A GAINESVILLE FL 32601		Mailing Address 1330 N.W. 6TH STREET STE A GAINESVILLE FL 32601-2202	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **593562311** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent NIEDERKOHR, CAROLYN 1330 N.W. 6TH STREET, STE A GAINESVILLE FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM NIEDERKOHR, CAROLYN STREET ADDRESS 1330 NW 6TH STREET STE A CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> Delete	TITLE NAME NIEDERKOHR, CAROLYN STREET ADDRESS 1330 NW 6TH STREET STE A CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGRM TRAVIS, MARYANJANETTE B STREET ADDRESS 1330 NW 6TH STREET STE A CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> Delete	TITLE NAME TRAVIS, MARYANJANETTE B STREET ADDRESS 1330 NW 6TH STREET STE A CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGRM EICHELBERGER-HUCKER, GAIL STREET ADDRESS 1330 NW 6TH STREET STE A CITY-ST-ZIP GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME EICHELBERGER-HUCKER, GAIL STREET ADDRESS 1330 NW 6TH STREET STE A CITY-ST-ZIP GAINESVILLE FL	<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
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
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: *Carolyn H. Niederkoher* Date: **4-24-00** Daytime Phone #: **352-372-0047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E063 (9/99)