

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000005930

FILED  
Mar 10, 2002 8:00 AM  
Secretary of State

Entity Name: AGELESS CARE, L.L.C.

## Current Principal Place of Business:

380 SOUTH S.R. 434, STE 1004  
BOX 190  
ALTAMONTE SPRINGS, FL 327143866

## New Principal Place of Business:

## Current Mailing Address:

380 SOUTH S.R. 434, STE 1004  
BOX 190  
ALTAMONTE SPRINGS, FL 327143866

## New Mailing Address:

FEI Number: 59-3606719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANG, R. CHRISTOPHER  
380 SOUTH S.R. 434, STE 1004  
BOX 190  
ALTAMONTE SPRINGS, FL 327143866 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: LANG, R. CHRISTOPHER  
Address: 380 SOUTH S.R. 434, STE 1004  
City-St-Zip: ALTAMONTE SPRINGS, FL

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LANG, R. CHRISTOPHER  
Address: 380 SOUTH S.R. 434, STE 1004  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: R. CHRISTOPHER LANG

MGR

03/10/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date