

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000005930

FILED
Mar 11, 2003
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

Current Mailing Address:

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

New Principal Place of Business:

602 COURTLAND ST.
SUITE 300
ORLANDO, FL 32804 US

New Mailing Address:

P.O. BOX 607911
ORLANDO, FL 328607911 US

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:

LANG, R. CHRISTOPHER
P.O. BOX 607911
ORLANDO, FL 328607911 US

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:

03/11/2003

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 32714 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANG, R. CHRISTOPHER
Address: P.O. BOX 607911
City-St-Zip: ORLANDO, FL 328607911 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

03/11/2003

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