2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -4 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006725

1. Entity Name
ELDER CARE HEALTH SERVICES, L.L.C.

Principal Place of Business
7305 W. SAMPLE ROAD, SUITE 207
CORAL SPRINGS FL 33065

Mailing Address
7305 W. SAMPLE ROAD, SUITE 207
CORAL SPRINGS FL 33065-2257

2. Principal Place of Business
Suite, Apt. #, etc. SUITE # 209
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0953600 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MARMORSTEIN, ANDREA
7305 W. SAMPLE ROAD, ~~SUITE 207~~ SUITE # 209
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 Andrea Marmorstein 4-13-2000
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

MANAGING MEMBERS / MEMBERS

Managing Member ☐ Delete
Andrea Marmorstein
4029 NW 73 Way
Coral Springs, Fla. 33065

Managing Member ☐ Delete
Stephen Gigante
11553 NW 6th Ct
Coral Springs, Fla. 33071

Managing Member ☐ Delete
Gary Jacobs 8814 NW 49th Drive
Coral Springs, Fla. 33067

Managing Member ☐ Delete
Susan Zimmerman
Coral Springs, Fla. 33065
11200 NW 40th Street ☐ Delete

☐ Delete

10. ADDITIONS / CHANGES

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

700003279477--1
-06/07/00--01017--008
*****50.00 *****50.00

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

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

TITLE
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☐ Change ☐ Addition

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

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: Andrea Marmorstein