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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: SUITE # 209	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	10. ADDITIONS / CHANGES
Managing Member ☐ Delete Andrea Marmorstein 4029 NW 73 Way Coral Springs, FL. 33065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 700032734??--1 -06/07/00--01017--008 *****50.00 *****50.00 ☐ Change ☐ Addition
Managing Member ☐ Delete Stephen Gigante 1153 NW 6th Ct Coral Springs Fla. 33071	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
Managing Member ☐ Delete Gary Jacobs 8814 NW 49th Coral Springs, Fla. Drive 33067	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
Managing Member ☐ Delete Susan Zimmerman Coral Springs Fla. 33065 11200 NW 40th Street	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ 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