

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006725

1. Entity Name

ELDER CARE HEALTH SERVICES, L.L.C.

FILED

01 APR 23 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARMORSTEIN, ANDREA

7305 W. SAMPLE ROAD, SUITE 207 105
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Andrea Marmorstein

4-2-2001

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM ARMORSTEIN, ANDREA
STREET ADDRESS 4029 NW 73 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE NAME MGRM GIGANTI, STEPHEN
STREET ADDRESS 11553 NW 6TH CT.
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE NAME MGRM JACOBS, GARY
STREET ADDRESS 8814 NW 49TH DRIVE
CITY-ST-ZIP 33067 FL 33067 ☒ Delete

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

TITLE NAME MGRM ZIMMERMAN, SUSAN
STREET ADDRESS 11200 NW 40TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Andrea Marmorstein

4-2-2001 (954)341-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)