

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90067 007 \*\*\*\*\*55.00

**DOCUMENT # L99000006725**

1. Entity Name

**ELDER CARE HEALTH SERVICES, L.L.C.**

Principal Place of Business

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

Mailing Address

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

**00054744**

2. Principal Place of Business

**155 SW 120 WAY**  
 Suite, Apt. #, etc.

3. Mailing Address

**155 SW 120 WAY**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Coral SPRINGS, FLA**

City & State

**CORAL SPRINGS, FLA**

4. FEI Number

**65-0953600**

Applied For  
 Not Applicable

Zip

**33065**

Country

**BROWARD**

Zip

**33071**

Country

**BROWARD**

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 105  
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **STEPHEN GIGANTI**

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

**155 SW 120 WAY**

City

**CORAL SPRINGS**

FL

Zip Code

**33071**

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*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3-18-02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **GIGANTI, STEPHEN**  
 STREET ADDRESS **155 SW 120 WAY**  
 CITY-ST-ZIP **CORAL SPRINGS, FLA. 33071**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-18-02 (954)341-9980**

CR2E083 (9/01)