

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006925

1. Entity Name

LIFESCAPES, L.C.

Principal Place of Business

400 W. NEW ENGLAND AVE., STE 7
WINTER PARK FL 32789

Mailing Address

400 W. NEW ENGLAND AVE., STE 7
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

410 PHYMED PARTNERS

Suite, Apt. #, etc.

710 MIAMI SPRINGS DR

City & State

LONGWOOD FL

Zip

32779

Country

FL

4. FEI Number

59-3584006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHILLING, TRACY

445 DOUGLAS AVE., STE 2005-22

ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

FL

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	PHYMED PARTNERS L.C.
CITY - ST - ZIP	710 MIAMI SPRINGS DR. LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMBER
STREET ADDRESS	PHYMED PARTNERS, INC.
CITY - ST - ZIP	710 MIAMI SPRINGS DR. LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/24/00 01842-012

*****50.00 *****50.00

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:

James McMichael REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JAMES MCMICHAEL, MANAGER

414-2000

407-260-8370

Date

Daytime Phone #

CR2E083 (9/99)