2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008133

1. Entity Name
INTERACTIVE HEALTH CARE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 8:44

Principal Place of Business	Mailing Address
19 CHOCTAW TRAIL ORMOND BEACH FL 32174	19 CHOCTAW TRAIL ORMOND BEACH FL 32174-4349

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1311 N. Highway US1	1311 N. Highway US1
Suite, Apt. #, etc.: SUITE 129	Suite, Apt. #, etc.: SUITE 129
City & State: Titusville	City & State: Titusville
Zip: 32796 Country: USA	Zip: 32796 Country: USA

4. FEI Number 59-3612406 ☐ Applied For ☐ Not Applicable

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
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

MJ 3/2/00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RABIN, ALAN 19 CHOCTAW TRAIL ORMOND BEACH FL 32174	☐ Delete	MEMBER Jonathan LEE 138 Spartina Ave St Augustine FL 32084	☐ Change	☑ Addition
		☐ Delete	MEMBER David DODD 203 Raintree St Augustine FL 32086	☐ Change	☑ Addition
		☐ Delete	MEMBER Wendy WIFLER 9985 Farmbrook Lane Alpharetta GA 30022	☐ Change	☑ Addition
		☐ Delete	MEMBER Stan RIEPE 5745 Hearts Forest Drive Atlanta GA 30328	☐ Change	☑ Addition
		☐ Delete	900031619 79---5 -03/08/00--01010--015 *****55.00	☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

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: SIGNATURE REQUIRED Jonathan Lee 2/15/00 (321) 383-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/98)