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 _____
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

mf 3/2/00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME	RABIN, ALAN	NAME	Jonathan LEE
STREET ADDRESS	19 CHOCTAW TRAIL	STREET ADDRESS	138 Spartina Ave
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	St Augustine FL 32084
TITLE	☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME		NAME	David DODD
STREET ADDRESS		STREET ADDRESS	203 Raintree
CITY-ST-ZIP		CITY-ST-ZIP	St Augustine FL 32086
TITLE	☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME		NAME	Wendy WIFLER
STREET ADDRESS		STREET ADDRESS	9985 Farmbrook Lane
CITY-ST-ZIP		CITY-ST-ZIP	Alpharetta GA 30022
TITLE	☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME		NAME	Stan RIEPE
STREET ADDRESS		STREET ADDRESS	5745 Heards Forest Drive
CITY-ST-ZIP		CITY-ST-ZIP	Atlanta GA 30328
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	900003161979--5
STREET ADDRESS		STREET ADDRESS	-03/08/00--01010--015
CITY-ST-ZIP		CITY-ST-ZIP	******55.00 ******55.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ~~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 (9/91)