2001	UNIFORM	BUSINESS	REPORT	(UBR
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I. Entity Name	' #	100000436	•	•	FILED	TATE			
LIFE SCAN 2000 OF FLORIDA, L.L.C.					SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS				
					01 MAR -5 PM 3: 56				
Principal Place of Business Mailing Address					OI MAR -5 PH	j. O			
13535 FEATHER SOUND DRIVE. STE 400 13535 FEATHER SOUND DRIVE. STE 400									
CLEARWATER FL 33762		CLEARWATER FL 337				•			
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2. Principal Place of Bu	siness			 					
			995 US HWY 19N						
Suite, Apt.,#, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE			
City & State		City & State		4. FEIN	Number 90 0440E44		Applied For	1	
CLEARWATER		CLEAR WATER		•	88-0442514		Not Applicable		
Zip 33764 Florato a	Country	Zip 33764	Country	5. Certi	ificate of Status Desired	□ \$5.00 A Fee Requ			
	ne and Address of Curre	nt Registered Agent			e and Address of New Reg	gistered Agent			
			Name) 				-	
BAKER, RICHARD			Street	Address (P.O. Box N	lumber is Not Acceptable)				
2535 SUCCESS D ODESSA FL 33556		,							
05200/172 00001	·	•	City			FL Zip C	ode	1	
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s. The above named er	nity subtilits this statement	tor the purpose of changing	nis registered office	or registered agent,	or both, in the otate of Field	<u>-</u>			
SIGNATURE	ped or printed name of registered ag	ent and title if applicable	NOTE: Registered Agent sig	nature required when reinstat	ing)	DAJE			
orginatore, typ	yed or primed feather or registered ag				~~!~!!!~!!~!!~!!	2:3:3:5-71 70101087-			
			NOW!!! FEE IS Payable to Depa	**	****		׊Ō.00		
		wake Check	rayable to Depa	intilient of State				ļ	
9.	MANAGING MEN	MBERS/MEMBERS	10.	PRESIDE	ADDITIONS/C	CHANGES Chang	e Addition	6	
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indicated on this re	nort is true and accurate a	with this filing does not qualifund that my signature shall have empowered to execute	ave the same legal e	effect as if made unde	eroath: that I am a managii	further certify that th ng member or mana	e information ager of the		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #