

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M01000001666**

1. Entity Name

ICC HEALTH MANAGEMENT, L.L.C. ✓

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90074 003 ***150.00

5 0 0 4 4 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684		Mailing Address 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 72-1455918		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLANES, WILLIAM SR. 854 CYPRESS LAKE VIEW CT. TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLANES, WILLIAM II 4775 COLLINS AVE., #1505 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLANES, REGINA M 854 CYPRESS LAKE VIEW CT. TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALLOS, STEVE E 10000 U.S. HWY. 98 NO. #972 LAKE LAND FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEN, JAMES W 3520 NW 89TH WAY HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mgr. James W. Keen 3530 NW 89th Way Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, LANGFRED W 2094 ASHBURY DR. CLEARWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William Planes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/2002 727-781-9885

CR2E083 (9/01)

Attachment
956448

ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR) OF ICC HEALTH
MANAGEMENT, LLC – DOCUMENT #M01000001666

BLOCK 9

Manager
Deborah Noll
4168 Amber Lane
Palm Harbor, FL 34685

Manager
G. Earl Humphries, III
1030 Lake Drive
Woodworth, LA 71485

Manager
David Mathes, III
154 Mathes Lane
Effie, LA 71331