2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000001666



ICC HEALTH MANAGEMENT, L.L.C. Principal Place of Business Mailing Address **40033333** 32700 U.S. HIGHWAY 19 NORTH 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 72-1455918 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Addition CR2E083 (10/02 TITLE ☐ Delete ☐ Change PLANES, WILLIAM SR. NAME NAME STREET ADDRESS 854 CYPRESS LAKE VIEW CT. STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP MGR Delete ☐ Change ☐ Addition TITLE TITLE PLANES, WILLIAM II NAME NAME STREET AODRESS 4775 COLLINS AVE., #1505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI BEACH FL 33140 MGR Delete TITI F TITLE ☐ Change ☐ Addition PLANES, REGINA M NAME NAME STREET ADDRESS 854 CYPRESS LAKE VIEW CT. STREET ADDRESS CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition PALLOS, STEVE E NAME NAME STREET ADDRESS 10000 U.S. HWY. 98 NO. #972 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 TITLE MGR XX Delete TITI F ☐ Change ☐ Addition NAME KEEN, JAMES W NAME STREET ADDRESS 3520 NW 89TH WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 MGR ☐ Change TIT! F ☐ Delete TITLE Addition WHITE, LANGFRED W NAME NAME STREET ADDRESS 2094 ASHBURY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764**

FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90029 048 ****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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Attachment OMPANY 200355

ATTACHMENT TO 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) OF ICC HEALTH MANAGEMENT, LLC DOCUMENT #M01000001666

BLOCK 9

BLOCK 10

Manager Deborah Noll 4168 Amber Lane Palm Harbor, FL 34685 Same

Manager

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

Manager

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

Manager

Sheawn K. Brown 4735 Mill Run Drive New Port Richey, FL 34653-6332 Addition