

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90505 012 ****50.00

DOCUMENT # M01000001936

1. Entity Name

ASGARDHEALTH MANAGEMENT OF DENVER, LLC

Principal Place of Business

**950 SOUTH CHERRY ST., STE. 300
 DENVER CO 80246**

Mailing Address

**950 SOUTH CHERRY ST., STE. 300
 DENVER CO 80246**

2. Principal Place of Business

431 Seabreeze Ave

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

← Same

4. FEI Number

84-1595163

Applied For

Not Applicable

Zip

33480

Country

Palm Beach

Zip

← Same

Country

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

**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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR WEINER, KEN**
 STREET ADDRESS **950 SOUTH CHERRY ST., STE. 300**
 CITY-ST-ZIP **DENVER CO 80246**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MGR LOVETTE, BRADFORD S**
 STREET ADDRESS **431 SEABREEZE AVE.**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MGR BURMACK, DENNIS J**
 STREET ADDRESS **59 WEST CANADIAN WOODS RD**
 CITY-ST-ZIP **MANALAPAN NJ 07726**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MGR ELAINE ALEXANDER**
 STREET ADDRESS **25 Spartina Ct.**
 CITY-ST-ZIP **Hilton Head Island, SC 29928**

TITLE ☐ Change ☒ Addition
 NAME **Elaine Alexander**
 STREET ADDRESS **25 Spartina Ct.**
 CITY-ST-ZIP **Hilton Head Island, SC 29928**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: R SIGNATURE REQUIRED

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

6/10/02

Date

Daytime Phone #

**561/
 833-2201**

CR2E083 (9/01)