

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M04000004313

1. Entity Name HCLS, LLC

FILED

01 MAY -4 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
200 LAKESIDE PLAZA DRIVE  
SUITE 248  
HORSHAM, PA. 19044

Mailing Address  
LICENSING & REPORTING DEPT.  
100 WITMER ROAD, P.O. BOX 963  
HORSHAM, PA. 19044-0963

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

23-3036161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL. 33324

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete  
NAME Williams, Carolyn  
STREET ADDRESS 200 Lakeside Plaza Drive  
CITY-ST-ZIP Horsham, PA. 19044

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

TITLE T ☐ Delete  
NAME Mainardi, Marianne W.  
STREET ADDRESS 4 Walnut Grove Drive  
CITY-ST-ZIP Horsham, PA. 19044

TITLE ☐ Change ☐ Addition  
NAME 000004336470  
STREET ADDRESS -05/31/01--01078--009  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE S ☐ Delete  
NAME Bowen, Bruce P.  
STREET ADDRESS 100 Witmer Road, P.O. Box 963  
CITY-ST-ZIP Horsham, PA. 19044-0963

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

TITLE V ☐ Delete  
NAME Daly, Michael J.  
STREET ADDRESS 100 Witmer Road, P.O. Box 963  
CITY-ST-ZIP Horsham, PA. 19044-0963

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

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: *Michael J. Daly* Michael J. Daly, Vice President

(215) 682-1486

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

Date

Daytime Phone #