

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M95000000071
 1. Entity Name
 DOVE HEALTHCARE, LLC. L.C.

Principal Place of Business 320 OSBORNE DRIVE CHATTANOOGA TN 37421	Mailing Address 320 OSBORNE DRIVE CHATTANOOGA TN 37421
--	--

2. Principal Place of Business 9310 APISON PIKE Suite, Apt. #, etc. UNIT #4	3. Mailing Address 9310 APISON PIKE Suite, Apt. #, etc. UNIT #4
--	--

City & State COLTEWAH TN	City & State COLTEWAH TN	4. FEI Number 62-1587147	Applied For <input type="checkbox"/> Not Applicable
Zip 37363	Country US	Zip 37363	Country US

6. Name and Address of Current Registered Agent
HOWE, GARY
8160 BAY MEADOWS WAY WEST, SUITE 170
JACKSONVILLE FL 32256

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
 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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGTON, KEVIN 320 OSBORNE DR. CHATTANOOGA TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KEVIN PENNINGTON 9310 APISON PIKE UNIT 4 COLTEWAH, TN 37363
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Kevin Pennington** **7/18/00** **423 396 6940**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)