

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000117

Entity Name: PRIME CARE ONE, LLC

FILED
Mar 24, 2004
Secretary of State

Current Principal Place of Business:

10401 N MERIDIAN ST
STE 122
INDIANAPOLIS, IN 46290

New Principal Place of Business:

Current Mailing Address:

10401 N MERIDIAN ST
STE 122
INDIANAPOLIS, IN 46290

New Mailing Address:

FEI Number: 35-2007426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HICKS, JAY L
Address: 10401 N MERIDIAN ST
City-St-Zip: INDIANAPOLIS, IN 46290

Title: MGRM () Delete
Name: WHITMAN, ARNOLD
Address: 10401 N MERIDIAN ST
City-St-Zip: INDIANAPOLIS, IN 46290

Title: MGRM () Delete
Name: DAVIES, ROBERT N
Address: 10401 N MERIDIAN ST
City-St-Zip: INDIANAPOLIS, IN 46290

Title: MGR () Delete
Name: PHILLIPPE, THOMAS E JR.
Address: 127 FOREST LN
City-St-Zip: SNOWMASS VILLAGE, CO 81615

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAY L HICKS

MGRM

03/24/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date