

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

01-21-2003 90314 043 ****50.00

1/2

DOCUMENT # M97000000436

1. Entity Name

PRIME CARE TWO, LLC



Principal Place of Business

Mailing Address

401 PENNSYLVANIA PARKWAY
SUITE 108
INDIANAPOLIS IN 46280

401 PENNSYLVANIA PARKWAY
SUITE 108
INDIANAPOLIS IN 46280

2. Principal Place of Business

10401 N. MERIDIAN ST.

3. Mailing Address

10401 N. MERIDIAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

122

122

City & State

Indianapolis, IN

City & State

Indianapolis, IN

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name **Lexis Nexis Document Solutions, Inc.**
Street Address (P.O. Box Number is Not Acceptable)

3953 W. W. Kelley Rd
City **Tallahassee** FL Zip Code **32311**

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 *Melissa Chung*
Signature typed or printed name of registered agent and fee is applicable.

Assistant Secretary

2/25/2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, JAY L 401 PENNSYLVANIA PARKWAY, SUITE 108 INDIANAPOLIS IN 46280	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIES, ROBERT N 401 PENNSYLVANIA PARKWAY, SUITE 108 INDIANAPOLIS IN 46280	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITMAN, ARNOLD M 401 PENNSYLVANIA PARKWAY, SUITE 108 INDIANAPOLIS IN 46280	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, THOMAS E JR. DOUBLE T RANCH, RT. 2, BOX 1244 UTOPIA TX 78884	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10401 N. MERIDIAN ST Indianapolis, IN 46280	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10401 N. Meridian St Indianapolis, IN 46280	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10401 N. Meridian St Indianapolis, IN 46280	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
127 Forest Lane Snowmass, CO 81615	
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

CR2E083 (10/02)

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

1/3/03 317-630-3156
Date Daytime Phone #