

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **M98000000905**

1. Entity Name  
**HEIGHTS HEALTHCARE COMPANY, L.L.C.**

00 APR 18 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
210 SOUTH PARSONS DRIVE, SUITE 12  
BRANDON FL 33511

Mailing Address  
210 SOUTH PARSONS DRIVE, SUITE 12  
BRANDON FL 33511-5256



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*MNM*

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3437967**

Applied For  
Not Applicable

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

VAUGHAN, DAVID R  
210 SOUTH PARSONS DRIVE, SUITE 12  
BRANDON FL 33511

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGR VAUGHAN, DAVID R 210 SOUTH PARSONS DRIVE, SUITE 12 BRANDON FL 33511		

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:

*David R. Vaughan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/13/00

813 651 4184

Date

Daytime Phone #