

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001537

1. Entity Name  
FLORIDA NURSING CARE ASSOCIATES (GEORGIA), LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 21 AM 11:02

Principal Place of Business  
2459 WILLIAM COURT  
ATLANTA GA 30360

Mailing Address  
2459 WILLIAM COURT  
ATLANTA GA 30360-1600



DO NOT WRITE IN THIS SPACE

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 58-2430041		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, JOSEPH D 2851 REMINGTON GREEN, SUITE D TALLAHASSEE FL 32308		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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTER, WINSTON A 2459 WILLIAM COURT ATLANTA GA 30360 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003408449--2 -09/28/00--01091--012 *****50.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEDICAL DEVELOPMENT CORP. 2459 WILLIAM COURT ATLANTA GA 30360 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEIGARD, JAMES S 5009 BUCKLINE CROSSING DUNWOODY GA 30327 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Winston A Porter Winston A Porter, Managing Member 9/15/00 770.220.2936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)