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FILED

Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90067 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

P02000029307

Mailing Address

1. Entity Name

LONG TERM CARE LITIGATION CONSULTANTS, INC.

11985 SOUTHERN BLVD #202 ROYAL PALM BEACH FL 33411 2. Principal Place of Business		ROYAL PALM BEACH FL 33411 3. Mailing Address				
				I TORKHERE HAY BRAND HIRAY ERAND REALLY ROUND BRAND ALONS ADDRESS AND BUILD HERE TORK		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zìp	Country	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
	The control of the co	The second secon	Nam	ame		
HOPKINS, EVELYN T ESQ			Street Address (P.O. Box Number is Not Acceptable)			
103 MILL POND LANE			discrete values (1.0. 50x Nation to the values)			
, ROYAL PA	ALM BEACH FL 33411					
			City	ty FL Zip Code		
	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered offic	fice or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	েত্ৰ Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent s	at signature required when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, EVELYN T 103 MILL POND LANE ROYAL PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE			
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	i i		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/1/05 (561)798-063

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/02