2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003
Secretary of State

DOCUMENT# P95000059114

Entity Name: PRICARE OF MARION COUNTY, INC.

Current Principal Place of Business:

2323 CURLEW ROAD STE 7E
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2323 CURLEW ROAD STE 7E
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3329880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, CHARLES J
2323 CURLEW ROAD STE 7E
DUNEDIN, FL 34698

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PROMIN, RICHARD E M.D.
Address: 2215 SE FORT KING STREET BLDG. C
City-St-Zip: OCALA, FL 34471

Title: VSD ( ) Delete
Name: GRAINGER, CHRISTOPHER M.D.
Address: 1805 SE LAKEWEIR AVENUE STE 103
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete
Name: POPEIL, LARRY M.D.
Address: 40 SE 12TH STREET STE C-201
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. PROMIN M.D. PD 04/11/2003

Electronic Signature of Signing Officer or Director — Date