

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078657

1. Entity Name

LIFE CARE SOLUTIONS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90251 027 ***150.00

Principal Place of Business

2664 FRISCO DRIVE
CLEARWATER FL 33761

Mailing Address

2664 FRISCO DRIVE
CLEARWATER FL 33761-3822

2. Principal Place of Business

3. Mailing Address

2664 Frisco Dr.
Suite, Apt. #, etc.

2664 Frisco Dr.
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-3532357

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYTLE, LARRY W 2664 FRISCO DRIVE CLEARWATER FL 33761	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (727) 725-7723
Date Daytime Phone #

CR2E034 (9/99)