

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000036388**

1. Entity Name
Lifecare Partners, Inc.

FILED

00 JUL 11 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**210 Jupiter Lakes Blvd
Bldg 3000 Ste 205/206
Jupiter FL 33458**

2. Principal Place of Business

**210 Jupiter Lakes Blvd
Suite, Apt. #, etc.
Bldg 3000/205-206
City & State
Jupiter FL 33
Zip
33458 Country
USA**

3. Mailing Address

**210 Jupiter Lakes Blvd
Suite, Apt. #, etc.
Bldg 3000/205-206
City & State
Jupiter FL
Zip
33458 Country
USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

650919795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

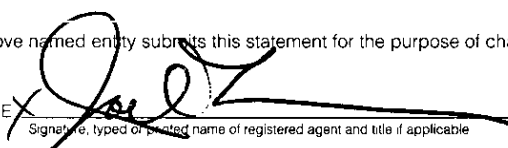
6. Name and Address of Current Registered Agent

**MALLOY, EARL K.
675 W. Indiantown Rd Ste 103
Jupiter, FL 33468**

7. Name and Address of New Registered Agent

**Name
Joel A. Levien, MD
Street Address (P.O. Box Number is Not Acceptable)
210 Jupiter Lakes Blvd
Bldg 3000 205-206
City
Jupiter FL Zip Code
33458**

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

7/7/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joel A. Levien, MD 138 Sweet Bay Circle Jupiter, FL 33458	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**200003329082-4
-07/20/00--01002--013
****150.00 ****150.00**

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

Date

7/7/00

Daytime Phone #

CR2E034 (9/99)