

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90052 014 \*\*\*\*50.00

0017642

**DOCUMENT # L01000012743**

1. Entity Name  
**SOUTH FLORIDA THERAPY II, L.L.C.**

Principal Place of Business <b>6688 PORTSIDE DR.          BOCA RATON FL 33496</b>	Mailing Address <b>6688 PORTSIDE DR.          BOCA RATON FL 33496</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1127023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FLICKER, MARK  
 6688 PORTSIDE DR.  
 BOCA RATON FL 33496**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

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

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER	MARK I. FLICKER	6688 PORTSIDE DR.	BOCA RATON, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANAGING MEMBER	DANIEL J. SCHWARTZ	6688 PORTSIDE DR.	BOCA RATON, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *[Signature]* **NOTARY REQUIRED** 1/30/02 541-241-6198

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

CR2E083 (9/01)