

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 MAY 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



DOCUMENT # L03000016877			
1. Entity Name BEST MEDICAL REHAB OF MIAMI LLC			
Principal Place of Business 11890 SW 8 STREET, SUITE 208 MIAMI, FL 33184 US		Mailing Address 11890 SW 8 STREET, SUITE 208 MIAMI, FL 33184 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05032004	Chg-LLC	CR2E083 (10/03)	5/21
4. FEI Number 36-4538258		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FELIPE, LORENZO J 11890 SW 8 STREET, SUITE 401 MIAMI, FL 33184 <div style="text-align: center; font-size: 48pt; opacity: 0.5;">X</div>		Name PEREZ LISETT YAMILA Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8 ST SUITE 208 City MIAMI FL Zip Code 33184	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: PEREZ LISETT YAMILA DATE: 5/4/04

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEREZ, LISETT YAMILA <input type="checkbox"/> Delete 150 SW 80 AVE. MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100037664401 06/04/04--01032--005 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **5/4/04 (786) 319-3440**

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