## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L9900008259  1. Entity Name  ADVANCED INJURY MEDICAL REHAB CENTER, LLC					00 JUN 21 AM 9: 53					
District District District						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address 4770 U.S. 19 4770 U.S. 19										
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652					;					
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2 Principal P	ace of Business		<u> </u>	_						
Principal Place of Business     Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE	: IN THIS SPAC	洰		
City & State	9	City & State			4. FEIN	Sumber 59-3611180		<del></del>	plied For t Applicable	
Zip	Country Zip		Country			ficate of Status Desired		00 Addi Required		
	6. Name and Address of Current	Registered Agent			7. Name	e and Address of New Re	, LAA	<del></del>		
Name					<del>سے ت</del> کیمیت			<u> </u>		
				Street Address (	Street Address (P.O. Box Number is Not Acceptable)					
7617 LITTLE ROAD NEW PORT RICHEY FL 34654										
NEW FORM MICHEL FE 04004				City			FL <sup>2</sup>	Zip Code	,	
					rad accept	ar both in the State of Eleri				
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 epplicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Signature, typed in printed name or equivalent agoin and titled in approximately in a signature of the signa										
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State										
9. TITLE	MANAGING MEMBI	ERS/MEMBERS	10. TITU	. 1	- · · · · · · - · · · · · · · · · · · ·	ADDITIONS/C		Change	Adultica	
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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.										