

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000003233
 1. Entity Name
 SPECIALTY MEDICAL & REHABILITATION
 SERVICES, LLC.

FILED

01 MAY 23 AM 7:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 5400 S. University Dr. SAME
 Ste K502
 DAVIDE FL 33328

2. Principal Place of Business 3. Mailing Address
 5400 S. University Dr. 5400 S. University Dr.
 Suite K502 Suite K502

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country
 DAVIDE FL 33328 DAVIDE FL
 33328 USA 33328 USA

4. FEI Number Applied For
 65-0993980 Not Applicable
 5. Certificate of Status Desired ☒ \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent
 FRANCES PHAU
 9300 SUNRISE LAKE BLVD.
 SUNRISE FL 33322

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
 TITLE NAME ☐ Delete
 ARNOLD FREEMAN
 STREET ADDRESS 232 HILLPOINT RD.
 CITY-ST-ZIP WESTPORT, MN. 06880
 TITLE NAME ☐ Delete
 VICE PRESIDENT
 MARK GORDON
 STREET ADDRESS 19411 NE 10th PL WAY
 CITY-ST-ZIP W. MIAMI BEACH, FL 33179
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
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 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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 STREET ADDRESS
 CITY-ST-ZIP

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 *****55.00 *****55.00

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: Arnold Freeman ARNOLD FREEMAN 5/18/01(954) 252 5520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)