

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 016 \*\*\*\*50.00

DOCUMENT # L00000004015

1. Entity Name

~~PROFESSIONAL PARK REHABILITATION CENTRE LLC~~

Principal Place of Business

1140A EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Mailing Address

1140A EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Centre, LLC

2. Principal Place of Business

1170C East hallandale beach  
Suite, Apt. #, etc. Blvd

3. Mailing Address

1170C East hallandale beach  
Suite, Apt. #, etc. Blvd.

☒ CHECK HERE IF MAKING CHANGES

City & State

Hallandale, FL

City & State

Hallandale, FL

4. FEI Number

65-0995927

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, KEITH  
1140A EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE : MGRM  
NAME : SCHWARTZ, KEITH  
STREET ADDRESS : 1140A EAST HALLANDALE BEACH BLVD.  
CITY-ST-ZIP : HALLANDALE FL 33009 ☐ Delete

TITLE :  
NAME :  
STREET ADDRESS :  
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10. ADDITIONS/CHANGES

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP : ☐ Change ☐ Addition

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP : ☐ Change ☐ Addition

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STREET ADDRESS :  
CITY-ST-ZIP : ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)