

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

01-22-2002 90004 001 ***165.00

DOCUMENT # L00000009906

1. Entity Name

FLORIDA REHABILITATION SERVICES, LLC

Principal Place of Business

**205 WEST WACKER DRIVE, SUITE 1950
CHICAGO IL 60606**

Mailing Address

**180 N. LASALLE STREET
SUITE 2210
CHICAGO IL 60601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4385516**Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MRG** ☒ Delete
 NAME **ACCELERATED HEALTH SYSTEMS, LLC**
 STREET ADDRESS **205 WEST WACKER DRIVE, SUITE 1950**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **ACCELERATED HEALTH SYSTEMS OF FL, LLC**
 STREET ADDRESS **205 West Wacker Drive, Suite 1950**
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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.

**RANDOLPH FRIESER, as Manager of Accelerated Health Systems
 Manager of Accelerated Health Systems of FL, LLC
 312-640-0329**

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (9/01)