

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90006 002 ****55.00

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

205 West Wacker Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 820

City & State

Chicago, Illinois

Zip

60606

Country

U.S.A.

Country

4. FEI Number

36-4385516

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **Accelerated Health Systems of**
STREET ADDRESS **Florida, LLC**
CITY-ST-ZIP **205 W. Wacker Dr., Suite 820**
Chicago, IL 60606

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

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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, President

SIGNATURE:

(Signature)

312-640-0329

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

Date

Daytime Phone #

CR2E083 (10/02)