

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000156

1. Entity Name

ORTHO REHAB SPECIALISTS LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

400 Arthur Godfrey Road

3. Mailing Address

6431 Pine Tree Drive Circle

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33140

Country

United States

Zip

33141

Country

United States

6. Name and Address of Current Registered Agent

CHARLES WEISS, MD  
6431 Pine Tree Drive Circle  
Miami Beach, Florida 33141

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 ☐ Delete

NAME  
CHARLES WEISS, MD  
STREET ADDRESS  
6431 Pine Tree Drive Circle  
CITY-ST-ZIP  
Miami Beach, Florida 33141

TITLE ☐ Delete

NAME  
Executive Vice President  
STREET ADDRESS  
TEENA ELLEN WEISS  
6431 Pine Tree Drive Circle  
CITY-ST-ZIP  
Miami Beach, Florida 33141

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003782959--6  
-02/27/01--01089--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: CHARLES WEISS, MD

02-12-2001

(305) 867-5401

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

Date

Daytime Phone #

CR2E083 (11/00)