

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90203 017 ****50.00

DOCUMENT # L01000000156

1. Entity Name

ORTHO REHAB SPECIALISTS LLC

Principal Place of Business

~~400 ARTHUR GODFREY RD.~~
~~SUITE 200~~
~~MIAMI BEACH FL 33140~~

Mailing Address

6431 PINE TREE DRIVE CIR.
MIAMI BEACH FL 33141

2. Principal Place of Business

6431 Pine Tree Dr Cir

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State

4. FEI Number

65-1065161

Applied For

Not Applicable

Zip
33141

Country
USA

Zip

Country

5. 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

WEISS, CHARLES
6431 PINE TREE DRIVE CIRCLE
MIAMI BEACH FL 33141

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WEISS, CHARLES MD
6431 PINE TREE DRIVE CIR.
MIAMI BEACH FL 33141 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
WEISS, TEENA E
6431 PINE TREE DRIVE CIR.
MIAMI BEACH FL 33141 ☐ Delete

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

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☐ Delete

TITLE
NAME
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
CHARLES WEISS, M.D.

4/26/02 3058675401

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

Date Daytime Phone #

CR2E083 (9/01)