2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L01000000156

Entity Name: ORTHO REHAB SPECIALISTS LLC

Current Principal Place of Business:

6431 PINE TREE DR CIR
MIAMI, FL 33141

New Principal Place of Business:

Current Mailing Address:

6431 PINE TREE DRIVE CIR.
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-1065161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: WEISS, CHARLES MD
Address: 6431 PINE TREE DRIVE CIR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: EVP ( ) Delete
Name: WEISS, TEENA E
Address: 6431 PINE TREE DRIVE CIR.
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WEISS, CHARLES MD
Address: 6431 PINE TREE DRIVE CIR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR (X) Change ( ) Addition
Name: WEISS, TEENA E
Address: 6431 PINE TREE DRIVE CIR.
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 MGR 04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date