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## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Jun 18, 2002 8:00 am Secretary of State DOCUMENT # L0100001053 05-22-2002 90215 007 \*\*\*150.00 1. Entity Name MURRELL REHABILITATION CONSULTING SERVICES, LLC Principal Place of Business Mailing Address 522 HUNT CLUB. #127 93434 522 HUNT CLUB. #127 APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Π Fee Required 6. Name and Address of Current Registered Agent HODGES, GEORGE 585 SOUTH CR-427, SUITE 121 LONGWOOD FL 32/50-5462 Prix Number is Not Acceptable) 32903 8. The above narried entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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 MANAGING MEMBERS/MANAGERS 10.75 ADDITIONS/CHANGES n- von. Sancher- Deleter muncher at Club Blod. #127 TITLE: - 3 5 Change ☐ Addition 9/01 NAME - -NAME STREET ADORESS STREET ADDRESS CR2E083 CITY-ST-ZIP 下し 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-279 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME 2445 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITZ F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME 1 NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete 35 Change Addition NAME NAME to DED: prior of Sign lalia **Ch**rant Fr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . . . S 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 eath; 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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE