Amended

2002 UNIFORM BUSINESS REPORT (UBR)

09-15-2002 90089 014 ****50.00

02 DEC 26 AM 10:01

TALLAHASSEE FLORIDA

DOCUMENT # L01000001053

1. Entity Name

MURRELL REHABILITATION CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
522 HUNT CLUB, ~~#127~~ #237	522 HUNT CLUB ~~#127~~ #237
APOPKA FL 32703	APOPKA FL 32703

12/26 DO NOT WRITE IN THIS SPACE

MJM

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HODGES, GEORGE~~
~~585 SOUTH CR-427, SUITE 121~~
~~LONGWOOD FL 32750-5462~~

7. Name and Address of New Registered Agent

Name: Marta A. Sanchez-Murrell

Street Address (P.O. Box Number is Not Acceptable): same as above

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Only member - owner Marta A. Sanchez-Murrell 522 Hunt Club Blvd. #237 Apopka, FL 32703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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] SIGNATURE REQUIRED 8-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #