LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90027 002 ****50.00

DOCUMENT # L01000012744

1. Entity Name

SOUTH FLORIDA THERAPY I, LLC

DO NOT WRITE IN THIS SPACE

20024299

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5341 W. ATLANTIC AVE	5341 W. ATLANTIC AVE
Suite, Apt. #, etc.: SUITE #303	Suite, Apt. #, etc.: Suite # 303
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33484 Country: U.S.A.	Zip: 33484 Country: U.S.A

4. FEI Number: 65-1127021 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KEVIN MARROW

Street Address (P.O. Box Number is Not Acceptable): 3111 STIRLING RD

City: FT LAUDERDALE FL Zip Code: 33312

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 _____ 1/24/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Daniel J. Schwartz 3363 NE 171 ST North Miami Beach, FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Dr. Edward R. Rose 19665 Waters End Dr. #1104 Boca Raton Fl. 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Dr. Kenneth N. Namerow 20184 NorthCote Dr. Boca Raton Fl. 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Mr. Gary Perez 19650 Sawgrass Dr. #1301 Boca Raton, Fl. 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Morton Lightman 19707 Waters Pond Ln #402 Boca Raton, Fl. 33434
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CR2E083B (12/02)

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: _____ 1/23/03 561-638-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #