

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0065694

DOCUMENT # L01000013417

1. Entity Name
LEESBURG HEALTH & REHAB L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -5 AM 9:52

WLG/16

Principal Place of Business
715 E. DIXIE AVE.
LEESBURG FL 34748-5926

Mailing Address
715 E. DIXIE AVE.
LEESBURG FL 34748-5926

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 59-3726936

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLEBERG, PHILIP J
1344 LONGHILL DRIVE
APOPKA FL 32712

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. 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 Florida Department of State
Due By May 1, 2003

000020545750
05/05/03--01075--001 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CASTLEBERG, PHILIP 1344 LONG HILL DR. APOPKA FL 32712 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CASTLEBERG, BENJAMIN 1320 N. LAKE SHIPP DR. SW WINTER HAVEN FL 33880 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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 REQUIRED 4-23-03

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

CR2E083 (10/02)