

# 2002 UNIFORM BUSINESS REPORT (UBR)

05-22-2002 90210 048 \*\*\*\*50.00  
L01000013963

DOCUMENT # L01000013963

1. Entity Name

SELECT MEDICAL GROUP, LLC ✓

FILED

02 JUN 14 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

21008 WEST DIXIE HIGHWAY  
NORTH MIAMI FL 33180

Mailing Address

21008 WEST DIXIE HIGHWAY  
NORTH MIAMI FL 33180

2. Principal Place of Business

2999 NE 191 STREET

3. Mailing Address

2999 NE 191 STREET

Suite, Apt. #, etc.

SUITE 803

Suite, Apt. #, etc.

SUITE 803

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

Zip

33180

Country

4. FEI Number

65-1131601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPODIRECT AGENTS

103 NORTH MERIDIAN STREET, LOWER LEVEL

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Delete

☐ Change

☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)