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2002 UNIFORM BUSI	R) T	FILED Jan 14, 2002 8:00 am						
DOCUMENT # L010000		Secretary of State						
VITAL MOTION REHABILITATION AND	WELLNESS, LLC			01-14-2002 9001	9 044 *****	*50.00		
Principal Place of Business	Mailing Address							
253 SHELL BLUFF COURT. PONTE VEDRA BEACH FL 32082	253 SHELL BLUFF COURT PONTE VEDRA BEACH FL 32082		ľ	QU2157				
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2. Principal Place of Business 886 A1A NORTH	3. Mailing Address		.]					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	ACE		
SUITE ONE City & State PONTE UEDRA BEACH, FL	City & State		4. FEI N	lumber 9 - 3749023			plied For t Applicable]
32082 Country USA	Zip	Country		icate of Status Desired	□ \$5	.00 Add	itional]
6. Name and Address of Current Re	gistered Agent	Name	7. Name	and Address of New Re	gistered Age	ent :		}
MASON, ERIC D 253 SHELL BLUFF COURT PONTE VEDRA BEACH FL 32082	Street A	ddress (P.O. Box N	lumber is Not Acceptable)					
PONTE VEDRA DEACH PE 92002	City			FL	Zip Code	•		
8. The above named entity submits this statement for the	ne purpose of changing its r	egistered office or	registered agent,	or both, in the State of Flori	da.			
SIGNATURE Signature, typed or mited name of registered agent and	ERIC Title if applicable. (NOTE:	Registered Agent signatu	BON are required when reinstati	ng)	17/00 DATE	2		
	Make Check Pay	W!!! FEE IS \$ yable to Departs By May 1, 200	ment of State					
9. MANAGING MEMBERS	/MANAGERS	10.		ADDITIONS/C	HANGES			1
TITLE MGR NAME MASON, ERIC D STREET ADDRESS CITY-ST-ZIP DANTE VEDDA BRACH EL 2002	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	CR2E083 (9/01
TITLE NAME STREET ADDRESS PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS] Change	Addition	CR2
CITY-ST-ZIP TITLE		CITY-ST-ZIP TITLE		-] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	_ beece	NAME STREET ADDRESS CITY-ST-ZIP	والمستوا	- manual services		,g.	-	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME - STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS) Change	Addition	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE] Change	Addition	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JULIAN WILLIAM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Deptime Proper