

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000016605

FILED  
Jan 05, 2003  
Secretary of State

**Entity Name:** VITAL MOTION REHABILITATION AND WELLNESS, LLC

**Current Principal Place of Business:**

886 A1A NORTH  
SUITE ONE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

253 SHELL BLUFF COURT  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 59-3749023

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

MASON, ERIC D  
253 SHELL BLUFF COURT  
PONTE VEDRA BEACH, FL 32082

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MASON, ERIC D  
Address: 253 SHELL BLUFF COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ERIC D. MASON PT, STS

MGR.

01/05/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date