CAPITAL CONNECTION 850 222 1222 04/30

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90256 042 ****50.00

DOCUMENT # L01000020459 L

1. Entity Name
Total Rehab Systems of Pembroke Pines LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
~~17901 NW 5th St.~~	17901 NW 5th St.	
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2	DO NOT WRITE IN THIS SPACE
City & State Pembroke Pines, Florida	City & State Pembroke Pines, FL	4. FEI Number 65-1157603 — Applied For / Not Applicable
Zip 33029 Country	Zip 33029 Country	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: METSCH, Benjamin L.
Street Address (P.O. Box Number Is Not Acceptable): 1455 NW 14th St.
City: Miami FL Zip Code 33125

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] 4/30/02
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member
NAME	Villanueva, Fe
STREET ADDRESS	17901 NW 5th St., #2
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Fe Villanueva 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #