

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90761 006 ****50.00

DOCUMENT # L01000020459 1. Entity Name TOTAL REHAB SYSTEMS OF PEMBROKE PINES, LLC					
Principal Place of Business 17901 NW 5TH ST., STE. 2 PEMBROKE PINES, FL 33029			Mailing Address 17901 NW 5TH ST., STE. 2 PEMBROKE PINES, FL 33029		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1157813	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
METSCH, BENJAMIN R ESQ. 1455 NW 14TH ST. MIAMI, FL 33125			Name FRANCES GOLDBERG Street Address (P.O. Box Number is Not Acceptable) 19911 NE 10TH PLACE WAY City N. MIAMI BEACH, FL Zip Code 33179		
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 <u>Frances Goldberg</u> DATE <u>4/17/03</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDBERG, FRANCES 17901 NW 5TH ST., STE. 2 PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19911 NE 10TH PLACE WAY N. MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.					
SIGNATURE: <u>Frances Goldberg</u>			FRANCES GOLDBERG 4/17/03 305-469-2245		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

CR2E083 (10/02)