

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90420 033 ****50.00

DOCUMENT # L01000020487

1. Entity Name
TAMPA MEDICAL & REHAB CARE, LLC



Principal Place of Business
**4728 N. HABANA AVE. #303
303
TAMPA, FL 33614**

Mailing Address
**4728 N. HABANA AVE. #303
303
TAMPA, FL 33614**

24025869



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3755780

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YCAZA, LUIS F
4728 N. HABANA AVE. #303
TAMPA, FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME YCAZA, LUIS F
STREET ADDRESS 4728 N. HABANA AVE. #303
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Change ☐ Addition
NAME)
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME AL-ANDARY, HAZEM
STREET ADDRESS 4728 N. HABANA AVE. #303
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]

03/17/04

813-877-8177

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

Date

Daytime Phone #