

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90253 043 *****50.00

DOCUMENT # L01000020487

1. Entity Name

TAMPA MEDICAL & REHAB CARE, LLC



Principal Place of Business

**4600 NORTH HABANA AVENUE, SUITE 25
TAMPA FL 33614**

Mailing Address

**4600 NORTH HABANA AVENUE, SUITE 25
TAMPA FL 33614**

20016957



2. Principal Place of Business

4728 N. Habana Ave. #303

3. Mailing Address

← JAMG.

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3755780

Applied For

Not Applicable

Zip

33614

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

YCAZA, LUIS F

**4600 NORTH HABANA AVENUE, SUITE 25
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name - **Ycaza, Luis F.**

Street Address (P.O. Box Number is Not Acceptable)

4728 N. Habana Ave. #303

City

Tampa,

FL

Zip Code

33614

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

1-17-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **YCAZA, LUIS F**
STREET ADDRESS **4600 N HABANA AVE SUITE 25**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **MGRM** ☐ Delete
NAME **AL-ANDARY, HAZEM**
STREET ADDRESS **4600 N HABANA AVE SUITE 25**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Ycaza, Luis F.**
STREET ADDRESS **4728 N. Habana Ave. #303**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE **MGRM** ☒ Change ☐ Addition
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

1-17-03

Date

813 877-8177

Daytime Phone #

CR2E083 (10/02)