

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020579

**FILED**  
**Jan 07, 2004**  
**Secretary of State**

**Entity Name:** PINDER REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

706 TURNBULL DR., STE. 301-302  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

706 TURNBULL DR., STE. 301-302  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 80-0006208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLICK, JAMES J  
608 E. CENTRAL BLVD.  
ORLANDO, FL 32801 US

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

PINDER, FLORA ANN  
218 SLADE DRIVE  
LONGWOOD, FL 32750 US

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: FLORA ANN PINDER

01/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PINDER, FLORA ANN  
Address: 706 TUMBULL AVE STE 301  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**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: FLORA ANN PINDER

MGM

01/07/2004

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