

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000004587

**FILED**  
**Mar 09, 2005**  
**Secretary of State**

**Entity Name:** SOUTH BROWARD REHAB SERVICES LLC

**Current Principal Place of Business:**

1455 NW 14TH ST.  
MIAMI, FL 33125

**New Principal Place of Business:**

1570 WEST 38 PLACE  
#3 & #4  
HIALEAH, FL 33012

**Current Mailing Address:**

1455 NW 14TH ST.  
MIAMI, FL 33125

**New Mailing Address:**

1570 WEST 38 PLACE  
# 3 & #4  
HIALEAH, FL 33012

**FEI Number:** 45-0468262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

METSCH, BENJAMIN R ESQ.  
1455 NW 14TH ST.  
MIAMI, FL 33125 US

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

CAST, LOUIS F  
4805 NW 79 AVENUE  
SUITE # 9  
DORAL, FL 33166 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: LOUIS F. CAST

03/09/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SAM, AYMAR  
Address: 1320 NW 7 STREET  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAM, AYMAR  
Address: 401 SW 104 AVENUE  
City-St-Zip: MIAMI, FL 33174

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: AYMAR SAM

PRES

03/09/2005

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