

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000007984

FILED  
Jul 09, 2003  
Secretary of State

**Entity Name:** RENEW THERAPY CENTER OF PORT ST. LUCIE, LLC

**Current Principal Place of Business:**

1854 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1854 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 30-0070117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VASQUEZ, ALFREDO  
82 SOUTH SEWALL'S POINT ROAD  
STUART, FL 34996 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: VASQUEZ, ALFREDO  
Address: 82 S. SEWALL'S PT RD  
City-St-Zip: STUART, FL 34996

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: ALFREDO VASQUEZ

MGRM

07/09/2003

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