

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000012119

FILED
Feb 01, 2003
Secretary of State

Entity Name: FLORIDA THERAPY CENTER OF ROCKLEDGE, LLC

Current Principal Place of Business:

1614 FOREST HILLS LANE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1614 FOREST HILLS LANE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 02-0617391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICKFORD, ROBERT E LL.M.
2101 SOUTH WAVERLY PLACE
SUITE 200E
MELBOURNE, FL 32901 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:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: FOLEY, MICHAEL
Address: 1614 FOREST HILLS LANE
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGR () Change (X) Addition
Name: FOLEY, NOIRIN
Address: 1614 FOREST HILLS LANE
City-St-Zip: HAINES CITY, FL 33844 US

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: MICHAEL FOLEY

MGR

02/01/2003

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