


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 008 ***150.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000018376			30066893
1. Entity Name OCALA ORTHOPEDIC REHAB, LLC			
Principal Place of Business 3405 SOUTHWEST COLLEGE, UNIT 101 OCALA, FL 34474		Mailing Address 3405 SOUTHWEST COLLEGE, UNIT 101 OCALA, FL 34474	
2. Principal Place of Business 3201 SW 34 AVE		3. Mailing Address 3201 SW 34 AVE	
Suite, Apt. #, etc. UNIT 103		Suite, Apt. #, etc. UNIT 103	
City & State OCALA FL		City & State OCALA FL	
Zip 34474		Zip 34474	
Country USA		Country USA	
4. FEI Number 010737626		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent Signature required when releasing) Signature, typed or printed name of registered agent and title if applicable DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITNEY, BROOKE A 3405 SOUTHWEST COLLEGE, UNIT 101 OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITNEY, ROBERT M 3405 SOUTHWEST COLLEGE, UNIT 101 OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Brooke A Whitney</u> <u>BROOKE A WHITNEY</u> <u>4/24/03</u> <u>3528616640</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

CFR2083 (10/02)