


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90048 044 \*\*\*\*50.00

**DOCUMENT # L02000018600**

1. Entity Name  
**PEDRO J. CARVAJAL, M.D., REHABILITATIVE SERVICES, LLC**



Principal Place of Business  
**9195 SW 72ND STREET, SUITE 100 MIAMI, FL 33173**

Mailing Address  
**9195 SW 72ND STREET, SUITE 100 MIAMI, FL 33173**

24034107



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03052004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**82-0554712**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION**  
**100 S.E. 2 STREET, SUITE 2800**  
**MIAMI, FL 33131-1714**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**


9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARVAJAL, PRDRO J M.D.	
STREET ADDRESS	9195 SUNSET DR. STE 100	
CITY - ST - ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carvajal, Pedro J. M.D.	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #