

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 24, 2003 8:00 am
Secretary of State

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02-05-2003 90026 019 ****50.00

DOCUMENT # L02000018600

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



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
82-0554712

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
KT&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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pedro J. Carvajal, MD 9195 Sunset Dr. Ste 100 Miami, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: **1/29/03** Daytime Phone #: **(305) 534-3223**

CR2E083 (10/02)