

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90190 034 ***150.00

DOCUMENT # L02000021267

1. Entity Name
PHOENIX REHABILITATION NETWORK, LLC



Principal Place of Business
13499 BISCAYNE BLVD
SUITE #106
NORTH MIAMI, FL 33181

Mailing Address
13499 BISCAYNE BLVD
SUITE #106
NORTH MIAMI, FL 33181

24009196



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0630065

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRISHKOFF, MARGARITA M
13499 BISCAYNE BLVD. #106
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
ANTONIO A. MACLI
Street Address (P.O. Box Number is Not Acceptable)
13499 BISCAYNE BLVD #106
NORTH MIAMI
City **FL** **FL** Zip Code **33181**

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

Antonio A. Macli

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME MACLI, ANTONIO
STREET ADDRESS 13499 BISCAYNE BLVD.
CITY- ST- ZIP NORTH MIAMI, FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Antonio A. Macli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/04/04 305-947-0090

Date

Daytime Phone #