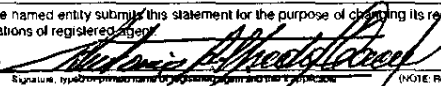
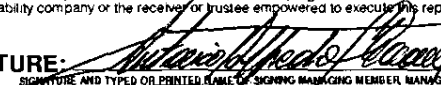


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92182 001 ****50.00

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

DOCUMENT # L02000021267		
1. Entity Name PHOENIX REHABILITATION NETWORK, LLC		
Principal Place of Business 21195 ESCONDIDO WAY NORTH BOCA RATON, FL 33433		Mailing Address 21195 ESCONDIDO WAY NORTH BOCA RATON, FL 33433
2. Principal Place of Business 13499 Biscayne Blvd Suite, Apt. #, etc. Suite # 106 City & State North Miami Zip 33181 Country FL		3. Mailing Address 13499 Biscayne Blvd Suite, Apt. #, etc. Suite # 106 City & State North Miami Zip 33181 Country FL
		4. FEI Number 02-0630065
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GRISHKOFF, MARGARITA M 21195 ESCONDIDO WAY NORTH BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name MACLI Antonio Alfredo Street Address (P.O. Box Number is Not Acceptable) 13499 Biscayne Blvd #106 City North Miami 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  (NOTE: Registered Agent's signature required when registering)		
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 MACLI, ANTONIO 13499 BISCAYNE BLVD N. MIAMI, FL 33181	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 606, Florida Statutes.		
SIGNATURE: 		Date 4-29-03 (305) 947-0090

CR2003 (1/02)