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

30069750

1. Entity Name
PHOENIX REHABILITATION NETWORK, LLC

Principal Place of Business	Mailing Address
21195 ESCONDIDO WAY NORTH BOCA RATON, FL 33433	21195 ESCONDIDO WAY NORTH BOCA RATON, FL 33433

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
13499 Biscayne Blvd		13499 Biscayne Blvd	
Suite, Apt. #, etc. Suite # 106		Suite, Apt. #, etc. Suite # 106	
City & State North Miami		City & State North Miami	
Zip 33181	Country FL	Zip 33181	Country FL

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
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
North Miami FL
City 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 [signature]
Signature, typed or printed name of registered agent and title if applicable (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			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MACLI, ANTONIO		NAME		
STREET ADDRESS	13499 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33181		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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] 4-29-03 (305) 947-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #