

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90088 030 ****50.00

DOCUMENT # L02000032687

1. Entity Name

ULTIMA PHYSICAL THERAPY & REHAB, LLC



DO NOT WRITE IN THIS SPACE

90144870

2. Principal Place of Business

400-C CLEMATIS ST

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH FL

City & State

City & State

4. FEI Number

61-1433-969

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

R. STEPHEN GATES

Street Address (P.O. Box Number is Not Acceptable)

210 ALMERIA RD

City

WEST PALM BEACH FL

Zip Code

33405

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.

JJI

3/3/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT

RICHARD STOPER

6311 VIA VENETIA NORTH

DELRAY BEACH FL 33484

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TREASURER

R. STEPHEN GATES

210 ALMERIA RD

WEST PALM BEACH FL 33401

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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]

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

Date

Daytime Phone #

CR2E083B (12/02)