# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 25, 2005**
**Secretary of State**

DOCUMENT# L03000007767

**Entity Name:** ORTHOPAEDIC AND SPINE REHAB OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1217 SW 150 PLACE
MIAMI, FL 33194

**New Principal Place of Business:**

9260 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173

**Current Mailing Address:**

1217 SW 150 PLACE
MIAMI, FL 33194

**New Mailing Address:**

9260 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173

**FEI Number: 86-1052325** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREIRA, MARLON F DR, DPT
1217 SW 150 PLACE
MIAMI, FL 33194 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: MP REHAB SPECIALIST,, CORP.
Address: 1217 SW 150 PLACE
City-St-Zip: MIAMI, FL 33194

Title: MGRM ( ) Delete
Name: MWSPT REHAB, CORP.,
Address: 2209 SE 25 AVENUE
City-St-Zip: HOMESTEAD, FL 33035

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARLON PEREIRA, DPT PRES 01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date