

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007767

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

9260 SUNSET DRIVE  
SUITE 103  
MIAMI, FL 33173

**New Principal Place of Business:**

9260 SW 72ND STREET  
SUITE 103  
MIAMI, FL 33173

**Current Mailing Address:**

9260 SUNSET DRIVE  
SUITE 103  
MIAMI, FL 33173

**New Mailing Address:**

9260 SW 72ND STREET  
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:**

PEREIRA, MARLON F DR, DPT  
9260 SW 72ND STREET  
SUITE 103  
MIAMI, FL 33173 US

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:

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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: MGRM (X) Change ( ) Addition  
Name: MP REHAB SPECIALIST,, CORP.  
Address: 9260 SW 72ND STREET  
City-St-Zip: MIAMI, FL 33173

Title: MGRM (X) Change ( ) Addition  
Name: MWSPT REHAB, CORP.,  
Address: 9260 SW 72ND STREET  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MGRM

04/25/2006

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