

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

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90182 028 ****50.00

DOCUMENT # **L 03000023306**

1. Entity Name

Phenomenal Rehab LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14369 N 64 way.

Suite, Apt. #, etc.

N/A.

3. Mailing Address

14369 N 64 way

Suite, Apt. #, etc.

N/A.

DO NOT WRITE IN THIS SPACE

City & State
Palm Beach Gardens

City & State
Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33418

Country

West Palm

Zip

33418

Country

USA.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ramon A. Morales

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

14369 N 64 way

City

Palm Beach Gds

State

FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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

Ramon A. Morales

Signature, typed or printed name of registered agent and title if applicable.

3/1/04

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
**Ramon A. Morales / Manager
14369 N 64 way
Palm Beach Gardens FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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TITLE
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CITY - ST - ZIP

**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:

Ramon A. Morales

Signature and typed or printed name of signing managing member, manager, or authorized representative

3/1/04

Date

5615410744

Daytime Phone #

CR2E083B (12/02)