

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/14/2

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-14-2004 90283 003 ****50.00

DOCUMENT # L03000026616 1. Entity Name OPTIMAL CARE REHABILITATION, LLC					
Principal Place of Business 9463 NW 42ND STREET SUNRISE, FL 33351			Mailing Address 9463 NW 42ND STREET SUNRISE, FL 33351		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-0476046	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PANASETH, JENNIFER 9463 NW 42ND STREET SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANASETH, JENNIFER 9463 NW 42ND STREET SUNRISE, FL 33351	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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: <u>Jennifer Panaseth</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: <u>4/10/04</u> 954-6738979					
Date: <u>4/25/04</u>					