

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90011 015 ****55.00

DOCUMENT # L03000047701

1. Entity Name

PHYSICAL MEDICINE SERVICES, LLC



Principal Place of Business

20800 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33180
US

Mailing Address

20800 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33180
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 3955

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hallandale FL

City & State

City & State

Zip

Country

Zip

33180-3955

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

83 0377 280

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENTZ, ERIC
665 NE 195TH STREET
APT. 423
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RENTZ, ERIC
STREET ADDRESS 665 NE 195TH STREET
CITY-ST-ZIP MIAMI FL 33179

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

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

Date

Daytime Phone #

03/17/2004 305 937 2281