

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000087363

**FILED**  
**May 29, 2006**  
**Secretary of State**

**Entity Name:** ONENESS MEDICAL & REHAB SERVICES,LLC

**Current Principal Place of Business:**

1881 WEST OAKLAND PARK BLVD  
FORT-LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

210 S.W. 62ND WAY  
MARGATE, FL 33068

**New Mailing Address:**

P.O.BOX 5913  
FORT LAUDERDALE, FL 33310

**FEI Number:** 20-2018603      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DOUZE, HENRI C  
1881 WEST OAKLAND PARK BLVD  
FORT-LAUDERDALE, FL 33311 US

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

DOUZE, FRANK  
1881 WEST OAKLAND PARK BLVD  
FORT-LAUDERDALE, FL 33311 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: FRANK DOUZE

05/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DOUZE, HENRI C  
Address: 1881 WEST OAKLAND PARK BLVD  
City-St-Zip: FORT-LAUDERDALE, FL 33311 BR

Title: MGRM ( ) Delete  
Name: DOUZE, FRANK  
Address: 6514 S.W. 8TH PLACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 BR

**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 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: HENRI C. DOUZE

MGR

05/29/2006

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