

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000075197

1. Entity Name
TEQUESTA URGENT CARE PHYSICAL THERAPY & REHAB, LLC



Principal Place of Business
ONE MAIN STREET, SUITE 102
TEQUESTA, FL 33469 US

Mailing Address
ONE MAIN STREET, SUITE 102
TEQUESTA, FL 33469 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
14-2005673

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, SHERYL O
177 NORTH US HWY. ONE, SUITE 256
TEQUESTA, FL 33469

Name Robert Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
15841 Pines Blvd #282
City Pembroke Pines FL Zip Code 33027

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

Robert Rodriguez
Signature, typed or printed name of registered agent and fee if applicable.

Robert Rodriguez
(NOTE: Registered Agent signature required when reinstating)

10/20/2008
DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME THOMPSON, SHERYL O
STREET ADDRESS ONE MAIN STREET, SUITE 102
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE MGRM ☐ Change ☒ Addition
NAME CASANOVA, RENE
STREET ADDRESS ONE MAIN STREET
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE MGRM ☒ Delete
NAME RIMMER, SYLVIE
STREET ADDRESS ONE MAIN STREET, SUITE 102
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ Change ☐ Addition
NAME 900138135809
STREET ADDRESS 11/20/08--01034--002
CITY-ST-ZIP **280.00

TITLE MGRM ☒ Delete
NAME GRECO, FRANCINE
STREET ADDRESS ONE MAIN STREET, SUITE 102
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME ST. CLAIR, DOUGLAS
STREET ADDRESS ONE MAIN STREET, SUITE 102
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

10/20/08 (954) 421-8181

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

