

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

FILED
Mar 30, 2005 8:00 am
Secretary of State

DOCUMENT # L93000000305

1. Entity Name

ALPHA TEN LIMITED COMPANY



03-30-2005 90164 005 ****50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10936 N 56th Street

3. Mailing Address

10936 N. 56th Street

Suite, Apt. #, etc.

STE 202

Suite, Apt. #, etc.

STE 202

City & State

Temple Terrace, FL 33617

City & State

Temple Terrace, FL 33617

4. FEI Number

59-3199764

Applied For

Not Applicable

Zip

33617

Country

Zip

33617

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Belva Williams

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

10936 N. 56th St. Ste 202

Temple Terrace,

City

Florida

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.

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
MGR
Williams, Belva Inc
10936 N. 56th St., STE 202
Temple Terrace, FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MR Professional Rehab Inc.
806 W. Columbus Dr.
Tampa, FL 33602

TITLE
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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:

Belva Williams Belva Williams

3-28-05

813/980-2851

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

Date

Daytime Phone #

CR2E083B (12/02)