

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra S. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY -8 PM 3: 27

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L98000000021

INTERLINK REHAB SERVICES FLORIDA, L.C.  
26217-B RAMPART BLVD.  
PUNTA GORDA FL 33983

1a. Principal Place of Business Address

26217-B RAMPART BLVD.  
PUNTA GORDA FL 33983

2. Principal Place of Business

INTERLINK Rehab. serv. of FL

Suite, Apt. #, etc.

N/A

2a. Mailing Address

1986 Kings Hwy

Suite, Apt. #, etc.

N/A

City & State

Punta Gorda, Florida

Zip

33980

Country

Charlotte

City & State

Punta Gorda, Florida

Zip

33980

Country

Charlotte

3. Date Organized or Qualified

12/14/1997

3a. State of Formation

FL

4. FEI Number

65-0805389

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

SB 26 Add'l. Fee Required ☒

7. Name and Address of Current Registered Agent

CRONIN, MICHAEL T  
911 CHESTNUT STREET  
CLEARWATER FL 33756

8. Name and Address of New Registered Agent/Office

Name

CRONIN, Michael T.

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

911 Chestnut St.

Suite, Apt. #, etc.

N/A

City

Clearwater

Zip Code

FL

33756

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (If Not Registered Agent, Signature Required When Reinstating)

*Michael T. Cronin*

DATE

4/23/98

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

INTERLINK REHAB SERVIC

999 EIGHTEENTH ST. #3320

DENVER CO

MGR

BROWN, ROBERT A

26217-B RAMPART BLVD

PUNTA GORDA FL

700002520267--5  
-05/12/98--010485021  
\*\*\*\*197.50 \*\*\*\*197.50

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Robert A Brown*

Sec. 4-27-98 (941) 629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #