APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

	MENT# / LOOO	00007000		Ì			
DOCUMENT # L9900007990 1. Entity Name AFFORDABLE HEALTH & REHABILITATION, LLC					00 MAY -3 AM IO: 03		
AFFORDA	ABLE HEALTH & REHABI	LITATION, LLC					
					SECRETARÝ TALLAHASSE	UF STATE E.FLORIDA	
rincipal Plac	e of Business	Mailing Address					
1214 PALM COAST PARKWAY 1214 PALM COAST PAR PALM COAST FL 32137 PALM COAST FL 32137							
PALM COASI	FL 32137	FALM COAST PL 32137	4700		:BBitancala (Bita (Bita BS)()		18118 (811) 8811 1881
2. Principal Place of Business		3. Mailing Address		'			IEIIO (BIII BOII IOO:
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	· e	City & State		4. FEI N	umber		Applied For
		Oily a State					Not Applicable
Zip	Country	Zip	Country	5. Certifi	icate of Status Desired	1 ☐ \$5.00 Fee Red	Additional uired
<u> </u>	-6 Name and Address of Curre	ent Registered Agent		7. Name	and Address of New	Registered Agent	
CORPORATION SERVICE COMPANY				Name			
1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street A	Street Address (P.O. Box Number is Not Acceptable)			
						.:	
			City	FL Zip Code			Code
		t for the purpose of changing its	s registered office o	r registered agent, o	r both, in the State of I	Florida.	
GNATURE	named entity subtritts this statement statemen			ture required when reinstatin	g)	DATE	
GNATURE		ent and title if applicable. (NOT		ture required when reinstatin	9)	DATE	
GIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	TE: Registered Agent signa	ture required when reinstatin		S/CHANGES	
GIGNATURE _	Signature, typed or printed name of registered ag MANAGING MER MGRM SALVAGIO, LOUIS DR	FILE N Make Check Pa MBERS/MEMBERS	TE: Registered Agent signa IOW!!! FEE IS S Byable to Depart 10. TITLE NAME	ture required when reinstatin \$50.00 ment of State MGRM WATTE	ADDITION	S/CHANGES	itje Addition
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