

2001 UNIFORM BUSINESS-REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008259

1. Entity Name

ADVANCED INJURY MEDICAL REHAB CENTER, LLC

Principal Place of Business

4770 U.S. 19
NEW PORT RICHEY FL 34652

Mailing Address

4770 U.S. 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611180

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

NAPOLITANO, PETER A ESQ.
7617 LITTLE ROAD
NEW PORT RICHEY FL 34654

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEPPALLI, RAO
78 BRUNSWICK WOODS DRIVE
EAST BRUNSWICK NJ 08816 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EMANDI, RICH
4770 U.S. HWY 19
NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500004272295-4
-05/21/01--01016--016
*****50.00 *****50.00

TITLE
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☐ Delete

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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:

Rich Emandi MGRM

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

4/30/01 727-841-9998
Date Daytime Phone #

CR2E083 (11/00)

0032786
SS