2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 AM
Secretary of State

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Entity Name: PHYSICIANS REHABILITATION INSTITUTE I, L.L.C.

Current Principal Place of Business:

2901 DALLAS PKWY, STE #345, LB15
PLANO, TX 75093

New Principal Place of Business:

Current Mailing Address:

2901 DALLAS PKWY, STE #345, LB15
PLANO, TX 75093

New Mailing Address:

FEI Number: 75-2941796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS, MICHAEL D
365 W. 49TH STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SCOTT, THOMAS D
Address: 2901 DALLAS PARKWAY, SUITE 345
City-St-Zip: PLANO, TX 75093 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS D. SCOTT MGR 02/20/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date