


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000002819</b> 1. Entity Name PHYSICIANS REHABILITATION INSTITUTE I, L.L.C.	
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Principal Place of Business 5212 VILLAGE CREEK DR. PLANO, TX 75093	Mailing Address 5212 VILLAGE CREEK DR. PLANO, TX 75093
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04282004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2941796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CARDENAS, MICHAEL D 365 W. 49TH STREET HIALEAH, FL 33012
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

(NOTE: Registered Agent signature required when reinstating)

000000156835

05/05/04-80030-008 50.00

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCOTT, THOMAS D 2901 DALLAS PARKWAY, SUITE 345 PLANO, TX 75093
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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:** \_\_\_\_\_

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

Date

Daytime Phone #