2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 04, 2003 8:00 am
Secretary of State
02-10-2003 90110 043 ****55.00

DOCUMENT # M02000002135

1. Entity Name
ADVANCE PHYSICAL THERAPY NETWORK, LLC

Principal Place of Business	Mailing Address
2500 CITY WEST BLVD., SUITE 1150 HOUSTON TX 77042	2500 CITY WEST BLVD., SUITE 1150 HOUSTON TX 77042

2. Principal Place of Business	3. Mailing Address
300 SE 2ND STREET	
Suite, Apt. #, etc.: SUITE 620	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FLA.	City & State
Zip: 33301 Country: USA	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 82-0555692 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHAPMAN, HARRY 2500 CITY WEST BLVD., SUITE 1150 HOUSTON TX 77042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MICALE, JOHN J 2500 CITY WEST BLVD., SUITE 1150 HOUSTON TX 77042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRUVERMAN, HOWARD 200 EAST BROWARD BLVD., SUITE 1125 FT. LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CANELO, RAFAEL 200 EAST BROWARD BLVD., SUITE 1125 FT. LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED Norman C. Kasmussen Jr CFO 2/6/03 (713) 552-1954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #