

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000466

1. Entity Name
REHAB ASSOCIATES, L.L.C.

FILED

01 APR 26 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
207 INTERSTATE PARK DRIVE
MONTGOMERY AL 36109

Mailing Address
207 INTERSTATE PARK DRIVE
MONTGOMERY AL 36109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 72-1379381

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KAEMPFER, AL

~~2505 CAPITAL MEDICAL BLVD.~~

~~TALLAHASSEE FL 32309~~

3657 Uncle Glover Dr.

Tallahassee, FL

32312

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM BARNES, ROCKY
STREET ADDRESS 207 INTERSTATE PARK DRIVE
CITY-ST-ZIP MONTGOMERY AL 36109

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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]*

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

Date

Daytime Phone #

4-4-01

0032841 SP

CR2E083 (11/00)