

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016877

FILED
Jun 08, 2006
Secretary of State

Entity Name: BEST MEDICAL REHAB OF MIAMI LLC

Current Principal Place of Business:

11890 SW 8 STREET, SUITE 208
MIAMI, FL 33184 US

New Principal Place of Business:

3850 SW 87 AVE
SUITE 306 A
MIAMI, FL 33165 US

Current Mailing Address:

11890 SW 8 STREET, SUITE 208
MIAMI, FL 33184 US

New Mailing Address:

3850 SW 87 AVE
SUITE 306 A
MIAMI, FL 33165 US

FEI Number: 36-4538258 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FERNANDEZ RODRIGUEZ, CARLOS A
15555 SW 57TH STREET
MIAMI, FL 33193 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/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ RODRIGUEZ, CARLOS A
Address: 15555 SW 57TH STREET
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CARLOS A. FERNANDEZ

MGRM

06/08/2006

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