

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027365

FILED
Apr 29, 2006
Secretary of State

Entity Name: MEDICAL REHAB CLINIC OF BROWARD, LLC

Current Principal Place of Business:

1554 NE 4TH AVE
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1554 NE 4TH AVE
FT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-2545768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD, DR. CHARLES H
1554 NE 4TH AVE
FT LAUDERDALE, FL 33304 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: M () Change (X) Addition
Name: RICHARD, CHARLES H
Address: 1554 NE 4TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: M () Change (X) Addition
Name: NICOLAS, FRITZ A
Address: 1554 NE 4TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: CHARLES RICHARD

M

04/29/2006

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