

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066836

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: CORE SUPPORT REHAB LLC

**Current Principal Place of Business:**

3816 103 AVE N  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

3816 103 AVE N  
CLEARWATER, FL 33762

**New Mailing Address:**

FEI Number: 20-3439906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISCARO, JESSE  
3816 103 AVE N  
CLEARWATER, FL 33762 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: FISCARO, VERONICA PENA  
Address: 3816 103 AV N  
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM ( ) Delete  
Name: FISCARO, JESSEE  
Address: 3816 103 AV N  
City-St-Zip: CLEARWATER, FL 33762

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FISCARO, VERONICA PENA  
Address: 3816 103 AVE N  
City-St-Zip: CLEARWATER, FL 33762 US

Title: MGRM (X) Change ( ) Addition  
Name: FISCARO, JESSE  
Address: 3816 103 AVE N  
City-St-Zip: CLEARWATER, FL 33762 US

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: JESSE FISCARO

MGRM

01/06/2006

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