2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P00000037965

Entity Name: LIFE CARE REHAB, INC.

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PKWY STE 114
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRESERVE PKWY STE 114
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3720366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVATT, JEFF M
821 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BROCK, JAMES C
7972 CANYON LAKE CIRCLE
ORLANDO, FL 32835 US

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: JAMES C. BROCK 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PICCIANO, JOHN R
Address: 18302 HIGHWOODS PRESERVE PKWY STE 114
City-St-Zip: TAMPA, FL 33647

Title: STD ( ) Delete
Name: DONLEVY, MICHAEL P
Address: 18302 HIGHWOODS PRESERVE PKWY STE 114
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: COHEN, ROBERT M
Address: 18302 HIGHWOODS PRESERVE PKWY STE 114
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. PICCIANO PD 04/28/2006
Electronic Signature of Signing Officer or Director Date