2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020487

Entity Name: TAMPA MEDICAL & REHAB CARE, LLC

FILED Jan 04, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4728 N. HABANA AVE. #303 4728 N. HABANA AVENUE

303 SUITE 303

TAMPA, FL 33614 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

4728 N. HABANA AVE. #303 4728 N. HABANA AVENUE

SUITE 303

TAMPA, FL 33614 US

TAMPA, FL 33614 TAMPA, FL 33614

FEI Number: 59-3755780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

YCAZA, LUIS F 4728 N. HABANA AVE. #303 TAMPA, FL 33614 US YCAZA, LUIS F 4728 N. HABANA AVENUE SUITE 303

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: 01/04/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 YCAZA, LUIS F
 Name:

 Address:
 4728 N. HABANA AVE. #303
 Address:

 City-St-Zip:
 TAMPA, FL 33614
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 AL-ANDARY, HAZEM
 Name:

 Address:
 4728 N. HABANA AVE. #303
 Address:

 City-St-Zip:
 TAMPA, FL 33614
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS F. YCAZA DR. 01/04/2005