

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020487

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** TAMPA MEDICAL & REHAB CARE, LLC

**Current Principal Place of Business:**

4728 N. HABANA AVENUE  
SUITE 303  
TAMPA, FL 33614

**New Principal Place of Business:**

4107 N. HIMES AVENUE  
SUITE 101  
TAMPA, FL 33607

**Current Mailing Address:**

4728 N. HABANA AVENUE  
SUITE 303  
TAMPA, FL 33614

**New Mailing Address:**

4107 N. HIMES AVENUE  
SUITE 101  
TAMPA, FL 33607

**FEI Number:** 59-3755780

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

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

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

YCAZA, LUIS F  
4107 N. HIMES AVENUE  
SUITE 101  
TAMPA, FL 33607 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:

02/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YCAZA, LUIS F  
Address: 4728 N. HABANA AVE. #303  
City-St-Zip: TAMPA, FL 33614

Title: MGRM (X) Delete  
Name: AL-ANDARY, HAZEM  
Address: 4728 N. HABANA AVE. #303  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YCAZA, LUIS F  
Address: 4107 N. HIMES AVE. #101  
City-St-Zip: TAMPA, FL 33607

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: LUIS F. YCAZA

MGMR

02/07/2006

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