

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020487

FILED
Jan 22, 2007
Secretary of State

Entity Name: TAMPA MEDICAL & REHAB CARE, LLC

Current Principal Place of Business:

4107 N. HIMES AVENUE
SUITE 101
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4107 N. HIMES AVENUE
SUITE 101
TAMPA, FL 33607

New Mailing Address:

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
4107 N. HIMES AVENUE
SUITE 101
TAMPA, FL 33607 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: YCAZA, LUIS F
Address: 4107 N. HIMES AVE. #101
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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: SUSAN J KRIVAC

MGR

01/22/2007

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