

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020579

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** PINDER REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

706 TURNBULL DR., STE. 301-302  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

706 TURNBULL AVE., STE. 301-302  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

706 TURNBULL DR., STE. 301-302  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

706 TURNBULL AVE., STE. 301-302  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 80-0006208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINDER, FLORA ANN  
218 SLADE DRIVE  
LONGWOOD, FL 32750 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PINDER, FLORA ANN  
Address: 706 TUMBULL AVE STE 301  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PINDER, FLORA ANN  
Address: 706 TURNBULL AVE STE 301  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: FLORA ANN PINDER

MGRM

01/04/2005

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