


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90081 030 ****50.00

DOCUMENT # L02000018600 1. Entity Name PEDRO J. CARVAJAL, M.D., REHABILITATIVE SERVICES, LLC	
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Principal Place of Business 9195 SW 72ND STREET, SUITE 100 MIAMI, FL 33173	Mailing Address 9195 SW 72ND STREET, SUITE 100 MIAMI, FL 33173
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20004850



01222006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0554712	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2 STREET, SUITE 2800 MIAMI, FL 33131-1714

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

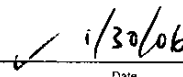
9. MANAGING MEMBERS/MANAGERS

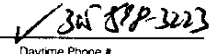
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARVAJAL, PEDRO J MD 9195 SUNSET DR. STE 100 MIAMI, FL 33173
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

 _____
Date

 _____
Daytime Phone #