2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILLU SECRETARY OF STATE DIVISION OF CORTORATIONS DOCUMENT # L02000034771 06 JUN 16 AM 10: 43 FI-SÁNFORD REHAB, LLC Principal Place of Business Mailing Address 100 2ND AVE S, STE 901 SOUTH 100 2ND AVE S, STE 901 SOUTH ST.PETERSBURG, FL 33701 ST.PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address 950 MELLONVILLE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 05022006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 5ANFORD 32-0051445 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired SEMINOLE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPECTOR GADON & ROSEN, LLP Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVENUE, SUITE 1550 ST.PETERSBURG, FL 33701 City Zip Code 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 Senature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MLR TITI F MGR ☐ Delete TITLE X Change ☐ Addition MADONNA HARRY DILLON STE 1550 MADONNA, HARRY DILLON NAME NAME STREET ADDRESS P.O. BOX 10867 STREET ADDRESS ST. PETERS BURG, FL 33701 ADMINISTRATOR - Cha ST PETERSBURG, FL 337330867 CITY-ST-ZIP COY-51-7/P 🙇 Delete TITLE MER ☐ Change Addition TITLE 950 MELLONVILLE AVENUE GALLAHER, RHONDA NAME METAL NAME 109 ANTES LANE STREET ADORESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP GRAMPIAN, PA 16838 CITY-ST-ZIP DIRECTUR OF NURSING MGR Delete TITLE MGR ☐ Change Addition TITLE NAME HEMBE NAME WYATT, DEE 950 MELLONVILLE AVENUE 724 N. GOVERNORS AVENUE STREET ADDRESS STREET ADDRESS JANFORD FL 3377/ CITY-ST-ZIP DOVER, DE 199047238 CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME 800076499678 STREET ADDRESS STREET ADDRESS ຄຄ7ວວັໄດ້ຄະແລກຳດັ່ງຊະແລັດກຳ CITY-ST-ZIP CITY-ST-7IP Detete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADORESS CTY-ST-ZP CITY-ST-ZIP 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

HARRY DILLON MADONNA

SIGNATURE: