

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90041 050 \*\*\*\*50.00

**DOCUMENT # L02000034778**

1. Entity Name  
FI-POMPAÑO REHAB, LLC



Principal Place of Business  
100 2ND AVE S, STE 901 SOUTH  
ST. PETERSBURG, FL 33701

Mailing Address  
100 2ND AVE S, STE 901 SOUTH  
ST. PETERSBURG, FL 33701



01042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
32-0051441

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MADONNA, HARRY DILLON  
P.O. BOX 10867  
ST PETERSBURG, FL 337330867

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GALLAHER, RHONDA  
109 ANTES LANE  
GRAMPIAN, PA 16838

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WYATT, DEE  
724 N. GOVERNORS AVENUE  
DOVER, DE 199047238

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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, 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

4/10/06

Date

Daytime Phone # \_\_\_\_\_