



2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 10:44

DOCUMENT # L02000034778					
1. Entity Name FI-POMPANO 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		
2. Principal Place of Business 51 WEST SAMPLE ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State		4. FEI Number 32-0051441	
Zip 33064		Country GROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADONNA, HARRY DILLON		NAME	MADONNA, HARRY DILLON	
STREET ADDRESS	P.O. BOX 10867		STREET ADDRESS	360 CENTRAL AVE, STE 1550	
CITY-ST-ZIP	ST PETERSBURG, FL 337330867		CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALLAHER, RHONDA		NAME	ADMINISTRATOR	
STREET ADDRESS	109 ANTES LANE		STREET ADDRESS	51 WEST SAMPLE ROAD	
CITY-ST-ZIP	GRAMPIAN, PA 16838		CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WYATT, DEE		NAME	DIRECTOR OF NURSING	
STREET ADDRESS	724 N. GOVERNORS AVENUE		STREET ADDRESS	51 WEST SAMPLE ROAD	
CITY-ST-ZIP	DOVER, DE 199047238		CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
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TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>HARRY DILLON MADONNA</u> <u>5/9/06</u> <u>727-824-8800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					