

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034778

FILED  
May 01, 2007  
Secretary of State

Entity Name: FI-POMPANO REHAB, LLC

## Current Principal Place of Business:

51 WEST SAMPLE RD  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

52 WEST SAMPLE RD  
POMPANO BEACH, FL 33064 US

## Current Mailing Address:

51 WEST SAMPLE RD  
POMPANO BEACH, FL 33064

## New Mailing Address:

102 SECOND AVENUE  
901S  
ST PETERSBURG, FL 33701 US

FEI Number: 32-0051441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

Title: MGR ( ) Delete  
Name: MADONNA, HARRY DILLON  
Address: 360 CENTRAL AVENUE STE 1550  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: ADMINISTRATOR,  
Address: 51 WEST SAMPLE RD  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR ( ) Delete  
Name: DIRECTOR OF NURSING,  
Address: 51 WEST SAMPLE RD  
City-St-Zip: POMPANO BEACH, FL 33064

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: ADMINISTRATOR,  
Address: 52 WEST SAMPLE RD  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR (X) Change ( ) Addition  
Name: DIRECTOR OF NURSING,  
Address: 52 WEST SAMPLE RD  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARRY DILLON MADONNA

MGR

05/01/2007

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