

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034778

FILED
May 05, 2010
Secretary of State

Entity Name: FI-POMPANO REHAB, LLC

Current Principal Place of Business:

51 WEST SPRING RD.
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

C/O 100 SECOND AVE. S.
SUITE 901 SOUTH
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

C/O 1675 PALM BEACH LAKES BOULEVARD
SUITE 900
WEST PALM BEACH, FL 33401 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
Name: MADONNA, HARRY DILLON
Address: 51 WEST SPRING RD.
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR
Name: ADMINISTRATOR
Address: 52 WEST SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064

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

I hereby 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 D. MADONNA

MGR

05/05/2010

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