2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034780

Entity Name: FI-PALM BEACHES, LLC

Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

301 NORTH POINTE PKWY WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

100 2ND AVE S STE 901 SOUTH ST PETERSBURG, FL 33370

FEI Number: 32-0051438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition MADONNA, HARRY DILLON Name: Name: MADONNA, HARRY DILLON Address: 360 CENTRAL AVE STE 1550 Address: 360 CENTRAL AVE STE 1550 City-St-Zip: ST PETERBURG, FL 33701 City-St-Zip: ST PETERBURG, FL 33701

Title: MGR () Delete Title: () Change () Addition

Name: **ADMINISTRATOR** Name: Address: 301 NORTH POINTE PKWY Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

DIRECTOR OF NURSING Name: Name: 301 NORTH POINTE PKWY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip:

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 04/24/2009