2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L03000013964

Entity Name: LIFECARE CONSULTANTS, LLC

Current Principal Place of Business:

21218 ST. ANDREWS BOULEVARD #604
BOCA RATON, FL 33433

New Principal Place of Business:

7777 N. UNIVERSITY DRIVE
SUITE 101-S
TAMARAC, FL 33321

Current Mailing Address:

21218 ST. ANDREWS BOULEVARD #604
BOCA RATON, FL 33433

New Mailing Address:

7777 N. UNIVERSITY DRIVE
SUITE 101-S
TAMARAC, FL 33321

FEI Number: 27-0055829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIFECARE OF FLORIDA, LLC
7777 N. UNIVERSITY DRIVE
SUITE 101-SOUTH
TAMARAC, FL 33321 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	GREEN, MATTHEW PRES	
Address:	2583 TIMBERCREEK CIRCLE	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGR	( ) Delete
Name:	CUERVO, JORGE CEO	
Address:	1116 NW 133RD AVENUE	
City-St-Zip:	SUNRISE, FL 33323	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JORGE CUERVO CEO 04/11/2005

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