2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# L03000015021

Entity Name: PARADIGM REHABILITATION, P.L.

Current Principal Place of Business:

207 OAKAPPLE TRAIL
LAKE HELEN, FL 32744

New Principal Place of Business:

Current Mailing Address:

207 OAKAPPLE TRAIL
LAKE HELEN, FL 32744

New Mailing Address:

PO BOX 683
LAKE HELEN, FL 32744

FEI Number: 76-0732102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRICKLAND, HENRY WAYNE JR
207 OAKAPPLE TRAIL
LAKE HELEN, FL 32744 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: MGRM ( ) Delete
Name: STRICKLAND, HENRY WAYNE JR
Address: 207 OAKAPPLE TRAIL
City-St-Zip: LAKE HELEN, FL 32744

Title: MGRM ( ) Delete
Name: HARPER, MARIDENE P
Address: 1911 BOTREE COURT
City-St-Zip: DAYTONA BEACH, FL 32119

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: HENRY W STRICKLAND, JR MGRM 04/13/2004

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