

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027878

FILED
Feb 15, 2006
Secretary of State

Entity Name: FOR YOUR HEALTH MEDICAL AND REHAB CENTERS, L.L.C.

Current Principal Place of Business:

6736 N UNIVERSITY DR
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

6736 N UNIVERSITY DR
TAMARAC, FL 33321

New Mailing Address:

PO BOX 267751
WESTON, FL 33321

FEI Number: 32-0086879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM, REYNOLDS
6736 N UNIVERSITY DR
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/MANAGERS:

Title: MGR () Delete
Name: WILLIAM, REYNOLDS
Address: 6736 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAM, REYNOLDS
Address: PO BOX 267751
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM C REYNOLDS

MGR

02/15/2006

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