

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90046 048 ****50.00

DOCUMENT # L03000038607 1. Entity Name LEE REHAB & MEDICAL CENTER, LLC			
Principal Place of Business 3594 EVANS AVENUE FT. MYERS, FL 33490		Mailing Address 3594 EVANS AVENUE FT. MYERS, FL 33490	
2. Principal Place of Business Suite, Apt. #, etc. 		3. Mailing Address 709 SOUTH FEDERAL HWY. Suite, Apt. #, etc. 2	
City & State 		City & State BOYNTON BEACH, FL	
Zip 		Zip 33435	
Country 		Country USA	
4. FEI Number 20-0282667		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOEY, MICHAEL J 639 E OCEAN AVE 101 BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>LENEL THEUS</u> DATE 04-23-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THEUS, LENEL ☐ Delete 4048 EAST RIDGE DRIVE POMPAHO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THEUS, MARIE ☐ Delete 4742 NW SIXTH AVE POMPAHO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>LENEL THEUS</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 04-23-04 (839) 931-6001 Daytime Phone #	