

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038607

FILED
Apr 29, 2005
Secretary of State

Entity Name: LEE REHAB & MEDICAL CENTER, LLC

Current Principal Place of Business:

3594 EVANS AVENUE
FT. MYERS, FL 33490

New Principal Place of Business:

3594 EVANS AVENUE
FT. MYERS, FL 33901

Current Mailing Address:

709 SOTH FEDERAL HWY
#2
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 20-0282667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGOEY, MICHAEL J
639 E OCEAN AVE
101
BOYNTON BEACH, FL 33435 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: THEUS, LENEL
Address: 4048 EAST RIDGE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR () Delete
Name: THEUS, MARIE
Address: 4742 NW SIXTH AVE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DOMINGUE, JEAN C
Address: 3594 EVANS AVE
City-St-Zip: FORT MYERS, FL 33901

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: LENEL THEUS

P

04/29/2005

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