2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 25, 2007
Secretary of State

DOCUMENT# L03000038607

Entity Name: LEE REHAB & MEDICAL CENTER, LLC

Current Principal Place of Business:

3594 EVANS AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1832 NORTH FEDERAL HWY
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/MANAGERS:

Title:	MGR	( ) Delete
Name:	THEUS, LENEL	
Address:	22554 BLUE MARLIN DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGR	( ) Delete
Name:	DOMINGUE, JEAN C	
Address:	3594 EVANS AVE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGR	( ) Delete
Name:	PEUGUERO, NATACHA	
Address:	22554 BLUE MARLIN DR	
City-St-Zip:	BOCA RATON, FL 33428	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: LENEL THEUS MGR 06/25/2007

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