

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000038607

1. Entity Name
LEE REHAB & MEDICAL CENTER, LLC



Principal Place of Business
3594 EVANS AVENUE
FT. MYERS, FL 33901

Mailing Address
1832 NORTH FEDERAL HWY
BOYNTON BEACH, FL 33435

FILED

07 NOV 27 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11152007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

MCGOY, MICHAEL J
639 E OCEAN AVE
101
BOYNTON BEACH, FL 33435

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

Michael McGoy
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-18-07

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME THEUS, LENEL ☐ Delete
STREET ADDRESS 22554 BLUE MARLIN DRIVE
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE VP
NAME DR. BARRY A. GOLDBERG ☐ Change ☒ Addition
STREET ADDRESS 19 NW 88TH WAY
CITY-ST-ZIP CERAL SPRING, FL 33071

TITLE MGR
NAME SEIDE, DIEUSEL ☒ Delete
STREET ADDRESS 3594 EVANS AVE
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE
NAME 200112513272
STREET ADDRESS 11/21/07--01052--001 **61.25
CITY-ST-ZIP

TITLE MGR
NAME PEUGUERO, NATACHA ☒ Delete
STREET ADDRESS 22554 BLUE MARLIN DR
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11-18-07 (561)752-9099