

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038607

FILED
May 02, 2008
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: VP () Delete
Name: GOLDBERG, BARRY A DR.
Address: 19 NW 88TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: PEUGUERO, ALTANIA
Address: 2640 DANFORTH TER.
City-St-Zip: WELLINGTON, FL 33414

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

05/02/2008

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