

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042055

1. Entity Name
OKEECHOBEE HEALTH & REHABILITATION, LLC



Principal Place of Business

**406 N.W. 4TH ST.
ATTN: FAYE A. HAVERLOCK
OKEECHOBEE, FL 34972**

Mailing Address

**P.O. BOX 759
OKEECHOBEE, FL 34973 US**



04072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0960660

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAVERLOCK, FAYE A
406 N.W. 4TH ST.
OKEECHOBEE, FL 34972**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAVERLOCK, FAYE A
STREET ADDRESS	406 N.W. 4TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34972

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05/11/06-80007-005 55.00

**DO NOT WRITE
IN THIS SPACE**

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: *Faye A Haverlock*

4-25-06 863-357-24