

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042055

FILED
Apr 02, 2007
Secretary of State

Entity Name: OKEECHOBEE HEALTH & REHABILITATION, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

406 N.W. 4TH ST.
OKEECHOBEE, FL 34972 US

Current Mailing Address:

P.O. BOX 759
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 47-0960660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILLIAMSON, JENNIFER L ESQ.
555 COLORADO AVE.
STUART, FL 34994 US

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: JENNIFER L. WILLIAMSON

04/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAVERLOCK, FAYE A
Address: 406 N.W. 4TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAVERLOCK, FAYE A
Address: 406 N.W. 4TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FAYE A. HAVERLOCK

MGR

04/02/2007

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