

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042320

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: CARE FOR ALL MEDICAL REHABILITATION,LLC

**Current Principal Place of Business:**

5460 NORTH STATE ROAD 7  
SUITE 112  
NORTH LAUDERDALE, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

5460 NORTH STATE ROAD 7  
SUITE 112  
NORTH LAUDERDALE, FL 33319 US

**New Mailing Address:**

FEI Number: 20-0352570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIERRE, ROOLS  
5460 NORTH STATE ROAD 7  
SUITE 112  
NORTH LAUDERDALE, FL 33319 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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: ALTIDOR, MAXEL  
Address: 1829 NORTH DIXIE HIGHWAY APT. A  
City-St-Zip: FORT LAUDERDALE, FL 33305 US

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

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: PIERRE, ROOLS  
Address: 1251 EAST 89TH. STREET  
City-St-Zip: BROOKLYN, NY 11236 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROOLS PIERRE

MGR

01/08/2004

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