

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042320

FILED
Feb 03, 2005
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 (X)

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: ULYSSE, MARIE
Address: 1311 SOUTH WEST 10TH TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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

ADDITIONS/CHANGES:

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

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

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

02/03/2005

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