

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042320

FILED  
Feb 25, 2006  
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:**

7284 WEST OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313 US

**Current Mailing Address:**

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

**New Mailing Address:**

7284 WEST OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313 US

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:**

PIERRE, ROOLS  
1040 D SUMMIT PLACE CIRCLE  
WEST PALM BEACH, FL 33415 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:

02/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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: MGR (X) Change ( ) Addition  
Name: DERONVIL, KELIN  
Address: 3280 SPANISH MOSS TER. APT. 407  
City-St-Zip: LAUDERHILL, FL 33319 US

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 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: ROOLS PIERRE

MGR

02/25/2006

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