2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L03000043870

Entity Name: LIFECARE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

398 FREEMAN ST.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

398 FREEMAN ST.
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-0383187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM H
398 FREEMAN STREET
LONGWOOD, FL 32750 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/MANAGERS:

Title: MGRM ( ) Delete
Name: LIFECARE OF FLORIDA,, LLC
Address: 7777 N. UNIVERSITY DRIVE SUITE 101-SOUTH
City-St-Zip: TAMARAC, FL 33321

Title: MGRM (X) Delete
Name: SENIORCARE OF FLORID, A, LLC
Address: 355 SOUTH RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SENIORCARE OF FLORID, A, INC.
Address: 398 FREEMAN STREET
City-St-Zip: LONGWOOD, FL 32750

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: WILLIAM H JOHNSON PD 01/08/2007

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