

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014699

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: FLORIDA REHABILITATION SPECIALIST, LLC

**Current Principal Place of Business:**

134 N. OLD DIXIE HIGHWAY  
LADY LAKE, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

134 N. OLD DIXIE HIGHWAY  
LADY LAKE, FL 32159

**New Mailing Address:**

FEI Number: 20-0789201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DINAL, ARTEMIO M  
8107 NW 47TH STREET  
OCALA, FL 34482 US

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

DINAL, ARTEMIO M  
2723 NE 24TH PLACE  
OCALA, FL 34470 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:

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FIGUERAS, SOCRATES RPT  
Address: 4084 NE 15 COURT ROAD  
City-St-Zip: OCALA, FL 34479

Title: MGRM ( ) Delete  
Name: DELAROSA, FORWEN RPT  
Address: 2623 NE 26TH ST.  
City-St-Zip: OCALA, FL 34470

Title: MGRM ( ) Delete  
Name: DINAL, ARTEMIO RPT  
Address: 2723 NE 24TH PL  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES:**

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

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 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: DELAROSA, FORWEN

MGRM

04/25/2006

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