

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028473

FILED
May 17, 2006
Secretary of State

Entity Name: INTEGRATED MEDICAL REHABILITATION OF FLORIDA, L.L.C.

Current Principal Place of Business:

4050-20TH STREET WEST
BRADENTON, FL 34210

New Principal Place of Business:

3924-9TH AVENUE WEST
BRADENTON, FL 34205

Current Mailing Address:

4050-20TH STREET WEST
BRADENTON, FL 34210

New Mailing Address:

3924-9TH AVENUE WEST
BRADENTON, FL 34205

FEI Number: 41-2140288 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LISCH, DIANE B
4050-20TH STREET WEST
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

LISCH, DIANE B
3924-9TH AVENUE WEST
BRADENTON, FL 34205 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: DIANE B. LISCH

05/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LISCH, DIANE B
Address: 4050-20TH STREET WEST
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LISCH, DIANE B
Address: 3924-9TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

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: DIANE B. LISCH

MGR

05/17/2006

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