

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050888

Entity Name: REHAB FRONTIER, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1007 OLD CUTLER RD.
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

1007 OLD CUTLER RD.
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 20-1197680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, GARY D
6817 SOUTHPOINT PARKWAY
SUITE 601
JACKSONVILLE, FL 32216 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: MGRM () Delete
Name: LIWANAG, LOWELL S
Address: 1007 OLD CUTLER RD.
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM () Delete
Name: PENNINGTON, KEVIN
Address: 9310 APISON PKE, UNIT 4
City-St-Zip: OOLTEWAH, TN 37363

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: LOWELL LIWANAG

MGRM

04/25/2005

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