

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058273

Entity Name: CATALYST REHAB, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 1168
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1168
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 51-0518802

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, 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: MGR () Delete
Name: LIWANAG, LOWELL S
Address: P.O. BOX 1168
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES:

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

MGR

04/25/2005

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