2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# L04000079943

Entity Name: ALL SOUTHERN CARE REHABILITATION, LLC

Current Principal Place of Business:

660 LINTON BLVD., SUITE 205-A
DELRAY BEACH, FL 33444

New Principal Place of Business:

660 LINTON BOULEVARD
SUITE 205A
DELRAY BEACH, FL 33444

Current Mailing Address:

660 LINTON BLVD., SUITE 205-A
DELRAY BEACH, FL 33444

New Mailing Address:

660 LINTON BOULEVARD
SUITE 205A
DELRAY BEACH, FL 33444

FEI Number: 26-0099211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TUCKER, GARY
660 LINTON BLVD., SUITE 205-A
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

TUCKER, GARY
660 LINTON BOULEVARD
SUITE 205A
DELRAY BEACH, FL 33444 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: _____ 03/21/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: TUCKER, GARY
Address: 660 LINTON BLVD., SUITE 205-A
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM ( ) Delete
Name: ROBBINS, LAWRENCE
Address: 660 LINTON BLVD., SUITE 205-A
City-St-Zip: DELRAY BEACH, FL 33444

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: LAWRENCE ROBBINS MGRM 03/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date