FILED
May 23, 2005 8:00 am
Secretary of State
04-25-2005 90096 018 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082037

1. Entity Name
FUNCTIONAL REHAB, LLC

Principal Place of Business	Mailing Address
11223 NORTH WILLIAMS STREET, SUITE N DUNNELLON, FL 34432	11223 NORTH WILLIAMS STREET, SUITE N DUNNELLON, FL 34432

30007066

04202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		PO BOX 1121	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CLARCONA FL	
Zip	Country	Zip: 32710-1121	Country

4. FEI Number: 201876948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required.

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOZO, DEVEY-IME 11223 NORTH WILLIAMS STREET, SUITE N DUNNELLON, FL 34432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: DEVEY-JANE GOZO 4-21-05 (407) 703-4955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #