

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090898

Entity Name: SOUTH DADE REHAB, LLC

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

10700 CARIBBEAN BOULEVARD, SUITE 108  
MIAMI, FL 33189

## Current Mailing Address:

10700 CARIBBEAN BOULEVARD, SUITE 108  
MIAMI, FL 33189

## New Principal Place of Business:

18001 OLD CUTLER ROAD  
STE 368  
PALMETTO BAY, FL 33157

## New Mailing Address:

18001 OLD CUTLER ROAD  
STE 368  
PALMETTO BAY, FL 33157

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, DONALD P ESQ.  
1395 BRICKELL AVENUE, 14TH FLOOR  
MIAMI, FL 33131 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: ATTONG, HEATHER MGR  
Address: 18001 OLD CUTLER ROAD, STE 368  
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM ( ) Change (X) Addition  
Name: GALVEZ, LISA MGRM  
Address: 18001 OLD CUTLER ROAD, STE 368  
City-St-Zip: PALMETTO BAY, FL 33157

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: LISA GALVEZ

MGRM

04/26/2005

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