

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092244

**FILED**  
**Jun 28, 2005**  
**Secretary of State**

**Entity Name:** MADISON POINTE REHABILITATION AND HEALTH CENTER, LLC

**Current Principal Place of Business:**

6020 INDIANA AVENUE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190699  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:** 20-2111202      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE, FL 32302      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** ROOZ, EFRAIM  
**Address:** P.O. BOX 190699  
**City-St-Zip:** LAUDERHILL, FL 33319

**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: EFRAIM ROOZ

MGRM

06/28/2005

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