2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# L05000008347

Entity Name: RIDGE REHAB, LLC

Current Principal Place of Business:

28031 HWY 27 S
DUNDEE, FL 33838

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 93580
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 20-1882329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, MIKE
28031 HWY 27
DUNDEE,FL, FL 33838 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/MANAGERS:

Title: MGRM ( ) Delete
Name: KRONEN, LEONARD DR
Address: P.O.BOX 93580
City-St-Zip: LAKELAND, FL 33804 US

Title: MGR ( ) Delete
Name: GORDON, M
Address: HWY 98
City-St-Zip: DUNDEE, FL 33838 US

Title: MGR ( ) Delete
Name: DORIO, S
Address: HWY98
City-St-Zip: DUNDEE, FL 33838 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: DRLKRONEN MGRM 03/15/2006

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