2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# L05000036381

Entity Name: CENTER FOR REHABILITATION OF PALM BEACH, LLC

Current Principal Place of Business:

8188 JOG ROAD STE 100
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

8188 JOG ROAD STE 100
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 20-3466465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

FORMAN, RICHARD
6890 MILANI STREET
LAKE WORTH, FL 33467 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: CFR MEDICAL HOLDINGS, , LLC
Address: 8188 JOG RD.
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CFR MEDICAL HOLDINGS, , LLC
Address: 8188 JOG RD. SUITE100
City-St-Zip: BOYNTON BEACH, FL 33437 US

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD FORMAN MGRM 08/31/2007

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