

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045565

FILED
Apr 05, 2006
Secretary of State

Entity Name: TROPICAL HEALTH AND REHAB, P.L.

Current Principal Place of Business:

607 9TH COURT
VERO BEACH, FL 32962

New Principal Place of Business:

2016 S. US HWY #1
VERO BEACH, FL 32962

Current Mailing Address:

607 9TH COURT
VERO BEACH, FL 32962

New Mailing Address:

PO BOX 650178
VERO BEACH, FL 32965

FEI Number: 20-2831651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, ERIC
607 9TH COURT
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

NEWMAN, ERIC
2016 SOUTH US HWY. #1
VERO BEACH, FL 32962 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: ERIC NEWMAN

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWMAN, ERIC
Address: 607 9TH COURT
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEWMAN, ERIC
Address: 2016 S. US HWY. #1
City-St-Zip: VERO BEACH, FL 32962

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: ERIC NEWMAN

MGRM

04/05/2006

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