FILED 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) Secretary of State

DOCUMENT # L05000053220 1. Enthy Name									À	03-21-2000	-		
FAMILY PLUS MEDICAL & REHABILITATION CENTER, LLC.									"				
Principal Plac	1	Mailing Address					7						
5040 N.W. 7TH STREET, SUITE 450 MIAMI FL 33126				5040 N.W. 7TH STREET, SUITE 450 MIAMI FL 33126									
2. Principal Place of Business				3. Mailing Address					- "	IPTITULI DIL ABIDI DITZI KATA DAI	NI BOWI BASKI ALIBU I	ATIO (1919 ILES) ER	1811 VII 1816
Suite, Apt. #, etc.				Suite.	Apt. #	, elc.			-	1st MOORE	CR2E083	(10/05)	
City & State				City & State					4. FEI Nun	nber 20-294	7588	Ap No	plied For a Applicable
Zip	Country						Count	try	<u> </u>	ate of Status Desired		65.00 Add ee Require	
	nt Reg	egistered Agent				Name	7. Name a	nd Address of New	Registered A	gent			
LOPEZ, ALEJANDRO F 5040 N.W. 77H STREET, SUITE 450 MIAMI FL 33126							Street Address	(P.O. Box Nu	nbei is Noi Acceptab	ole)			
MINIMITY E 33 125												_	
								City			FL	Zip Code	•
	named entity tions of registr	y submits this statement ered agent.	for the	purpos	se of c	hanging its	registere	ed office or regist	ered agent, or	both, in the State of F	lorida. I am fa	amiliar with.	and accept
SIGNATURE	Separate Hypoul	of primers nature of registrates Ag	and med by	in il applic	abie	(NOTE	Недізаен	1 Argenti ระบูกที่กับสายาสนุเล	nd ehen reinstaleig)	,	DATE		
FILE NOW!!! Make Check Payable to F												•	
9.		MANAGING MEM	BERS/	MANA	GERS		10.	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ADDITIONS	S/CHANGES		
TITLE	MGR		Detain mus					•	7.2217.014	270711111000	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ, AL 5040 N.W. MIAMI FL 3	450	STR				ET ADDRESS -ST-71P						
IIILE			Delete Till								☐ Change	Addition	
NAME STREET ADDRESS CITY+ST-ZIP			STF				ET ADORESS -ST-ZIP						
TITE (☐ Delete 1111							··	Change	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP								ET ADDRESS -ST-ZIP					
TITLE	 					Delete	TITLE					Change	☐ Addition
HAME							MAMI						_
STREET ADDRESS CITY-ST-ZIP								ET ADDRESS -S1-ZIP	·				_
HRE NAME						Detete	FITLE	i				☐ Change	☐ Addition
STREET ADDRESS								EZSROON TS					}
CITY-ST-70P	<u> </u>						CLTY	- ST - ZIP					
JITLE NAME						Detete	TITLE	ı				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				1	7/		STRE	ET ADDRESS -ST-ZIP					
11. I hereby certify that the information supplied with this filing does not dually for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature sharphave the same legal effect as if made under cath; that if am a managing member or manager of the limited liability company or the receiver or truftee employee paragraphs are required by Chapter 608, Florida Statutes.													nformation ager of the
SIGNATURE: 3/1/04 146-126-9680													
SIGNAT	TURE: _	AND TURED OR REMOTE TO	\bigvee	11	NA CIT	TT	14050 55	ALCOHOLD STATE	Tarana Taran	2/1/06	186.000	יס עורי פ	·