2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006
Secretary of State

DOCUMENT# L05000060073

Entity Name: SPECTRUM WELLNESS AND REHABILITATION CENTER OF OSCEOLA, LLC

Current Principal Place of Business:

1012 W. EMMETT STREET
SUITE C
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1012 W. EMMETT STREET
SUITE C
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ALPER, JONATHAN B ESQ
274 KIPLING COURT
HEATHROW, FL 32746 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: COHEN, BRETT
Address: 1012 W. EMMETT STREET, SUITE C
City-St-Zip: KISSIMMEE, FL 34741

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 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: BRETT COHEN MGRM 07/28/2006

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