

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060470

FILED  
Feb 11, 2006  
Secretary of State

Entity Name: AUTO ACCIDENT REHAB CENTER OF TAMPA, LLC

**Current Principal Place of Business:**

3710 W. AZEELE ST.  
SUITE A  
TAMPA, FL 33609

**New Principal Place of Business:**

3710 W. AZEELE ST.  
TAMPA, FL 33609

**Current Mailing Address:**

3710 W. AZEELE ST.  
SUITE A  
TAMPA, FL 33609

**New Mailing Address:**

P.O. BOX 262647  
TAMPA, FL 33685

FEI Number: 20-3010110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUSTIN, MICHAEL B  
3710 W. AZEELE ST.  
SUITE A  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

AUSTIN, MICHAEL B  
1218 OAKFIELD DRIVE  
BRANDON, FL 33511 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: MICHAEL B AUSTIN

02/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AUSTIN, MICHAEL B  
Address: 3710 W. AZEELE ST., SUITE A  
City-St-Zip: TAMOA, FL 33609

Title: MGRM ( ) Delete  
Name: PETTERSEN, GLEN C  
Address: 3710 W. AZEELE ST., SUITE A  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AUSTIN, MICHAEL B  
Address: P.O. BOX 262647  
City-St-Zip: TAMPA, FL 33685

Title: MGRM (X) Change ( ) Addition  
Name: AUSTIN, PATRICIA T  
Address: P.O. BOX 262647  
City-St-Zip: TAMPA, FL 33685

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: MICHAEL B AUSTIN

MGRM

02/11/2006

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