

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062952

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** PULMONARY REHABWORKS LLC

**Current Principal Place of Business:**

347 THORNBERG DRIVE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

347 THORNBERG DRIVE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 20-3119291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STIVERS, H B  
245 EAST VIRGINIA STREET  
TALLAHASSEE, FL US

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

STIVERS, H B  
245 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301 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:**

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BOOMER, CHAD  
**Address:** 347 THORNBERG DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**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:** CHAD BOOMER

MGRM

04/26/2006

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