2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L05000065240

Entity Name: MAHER WELLNESS AND REHABILITATION CENTER, LLC

Current Principal Place of Business:

13910 S. JOG RD. UNIT#401
DELRAY BEACH, FL 33446

New Principal Place of Business:

13910 S. JOG RD. UNIT#101
DELRAY BEACH, FL 33446

Current Mailing Address:

P.O. BOX 267
PARAMUS, NJ 07653

New Mailing Address:

FEI Number: 20-3085013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RONALD L. SIEGEL, P.A.
1800 NW CORPORATE BOULEVARD
SUITE 302
BOCA RATON, FL 33431 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:	MAHER, STEVEN S	
Address:	495 BOULEVARD	
City-St-Zip:	ELMWOOD PARK, NJ 07407 US	
Title:	MGRM	( ) Delete
Name:	MAHER, DIANE M	
Address:	495 BOULEVARD	
City-St-Zip:	ELMWOOD PARK, NJ 07407 US	
Title:	MGRM	( ) Delete
Name:	MAHER, STEVEN S JR.	
Address:	7018 CHESAPEAKE CIR.	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	MGRM	( ) Delete
Name:	MAHER, MELISSA	
Address:	7018 CHESAPEAKE CIR.	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: STEVEN S. MAHER PRES 01/05/2007

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