2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2006
Secretary of State

DOCUMENT# L05000082465

Entity Name: ADVANCED REHAB CENTER, LLC

Current Principal Place of Business:

2305 FOLIAGE OAK TERR
OVIEDO, FL 32766

New Principal Place of Business:

4401 S. HOPKINS AVE.
TITUSVILLE, FL 32780

Current Mailing Address:

2305 FOLIAGE OAK TERR
OVIEDO, FL 32766

New Mailing Address:

4401 S. HOPKINS AVE.
TITUSVILLE, FL 32780

FEI Number: 20-3343942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZER, EHAB S
1670 CANOE CREEK RD
OVIEDO, FL 32766 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: MGR ( ) Delete
Name: BOULOS, EHAB L
Address: 2305 FOLIAGE OAK TERR
City-St-Zip: OVIEDO, FL 32766

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: EHAB BOULOS MGR 01/15/2006

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