

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115457

Entity Name: REHAB CARE, LLC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

4345 SW 72 AVE #C
MIAMI, FL 33155

New Principal Place of Business:

4345 SW 72 AVE
SUITE C
MIAMI, FL 33155

Current Mailing Address:

4345 SW 72 AVE #C
MIAMI, FL 33155

New Mailing Address:

4345 SW 72 AVE
SUITE C
MIAMI, FL 33155

FEI Number: 20-3886208 FEI Number Applied For () 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:

LEON, JOHN
6175 NW 153 ST #403
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

CARMONA & ASSOCIATES, INC.
6850 CORAL WAY
SUITE 205
MIAMI, FL 33155 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: FANNY CARMONA

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARMONA, FANNY
Address: 4345 SW 72 AVE #C
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARMONA, FANNY
Address: 4345 SW 72 AVE SUITE C
City-St-Zip: MIAMI, FL 33155

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: FANNY CARMONA

MGR

07/06/2006

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