2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# L05000116324

Entity Name: MULTICARE REHABILITATION, LLC

Current Principal Place of Business:

3602 DOVECOTE MEADOW LANE
DAVIE, FL 33328

New Principal Place of Business:

2215 S. UNIVERSITY DRIVE
DAVIE, FL 33324

Current Mailing Address:

3602 DOVECOTE MEADOW LANE
DAVIE, FL 33328

New Mailing Address:

2215 S. UNIVERSITY DRIVE
DAVIE, FL 33324

FEI Number: 20-3889500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DENNY, SCOTT
3602 DOVECOTE MEADOW LANE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

DENNY, SCOTT
2215 S. UNIVERSITY DRIVE
DAVIE, FL 33324 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: SCOTT DENNY 03/29/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: DIAMOND, PETER
Address: 2215 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33324

Title: MGR ( ) Change (X) Addition
Name: DENNY, SCOTT
Address: 2215 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33324

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: SCOTT DENNY MGR 03/29/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date