2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# L05000123456

Entity Name: DECOMPRESSION & REHABILITATION OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

16517 VANDERBILT DRIVE
SUITE 1
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

16517 VANDERBILT DRIVE
SUITE 1
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 14-1946858 **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:

SIESKY, JAMES H
1000 TAMIAMI TRAIL N.
SUITE 201
NAPLES, FL 34102 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: O'NEILL, EDWARD
Address: 16517 VANDERBILT DRIVE, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM ( ) Delete
Name: DAWSON, TIMOTHY
Address: 16517 VANDERBILT DRIVE, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

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: TIMOTHY DAWSON MGRM 05/11/2006

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