

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098378

FILED
Feb 17, 2007
Secretary of State

Entity Name: BOCA EAST MEDICAL & REHAB, LLC.

Current Principal Place of Business:

2910 JOG ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

5800 N. FEDERAL HWY #4
BOCA RATON, FL 33487

Current Mailing Address:

2910 JOG ROAD
LAKE WORTH, FL 33467

New Mailing Address:

5800 N. FEDERAL HWY #4
BOCA RATON, FL 33487

FEI Number: 20-5681559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTAGLIOLA, HENRY J
2910 JOG ROAD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

BATTAGLIOLA, HENRY J
5800 N. FEDERAL HWY #4
BOCA RATON, FL 33487 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: HENRY J BATTAGLIOLA

02/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HJB MEDICAL MANAGEME, NT, INC.
Address: 4910 NW 54TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: BOCA MEDICAL & REHAB, CENTER, INC.
Address: 2706 W. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33069

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: HENRY J BATTAGLIOLA

MGR

02/17/2007

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