

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074435

FILED
Apr 24, 2008
Secretary of State

Entity Name: ANGEL CARE REHABILITATION AND TESTING CENTER, LLC

Current Principal Place of Business:

9002 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615

New Principal Place of Business:

4801 GEORGE ROAD
140
TAMPA, FL 33634

Current Mailing Address:

7005 PELICAN ISLAND DRIVE
TAMPA, FL 33634

New Mailing Address:

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

Name and Address of Current Registered Agent:

EYER, JAMES W JR
7005 PELICAN ISLAND DRIVE
TAMPA, FL 33634 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: EYER, JAMES W JR
Address: 7005 PELICAN ISLAND DR
City-St-Zip: TAMPA, FL 33634

Title: MGR (X) Delete
Name: VERA, ANDRE
Address: 1361 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

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 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: JAMES EYER

CEO

04/24/2008

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