2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005
Secretary of State

DOCUMENT# M01000002819

Entity Name: PHYSICIANS REHABILITATION INSTITUTE I, L.L.C.

Current Principal Place of Business:

5212 VILLAGE CREEK DR.
PLANO, TX 75093

New Principal Place of Business:

Current Mailing Address:

5212 VILLAGE CREEK DR.
PLANO, TX 75093

New Mailing Address:

FEI Number: 75-2941796 **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:

CARDENAS, MICHAEL D
365 W. 49TH STREET
HIALEAH, FL 33012 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/MEMBERS:

Title: MGR ( ) Delete
Name: SCOTT, THOMAS D
Address: 2901 DALLAS PARKWAY, SUITE 345
City-St-Zip: PLANO, TX 75093 US

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: THOMAS D. SCOTT MGR 05/12/2005

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