


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # M04000004413				
1. Entity Name WARNER ROBINS REHABILITATION CENTER, LLC				
Principal Place of Business 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707		Mailing Address 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		
Country		Country		
4. FEI Number 20-2128717				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRYSTOPOWICZ, WILLIAM 101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		U00000475067 04/04/06-80046-022 50.00		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>William Krystopowicz</u>				Date: 1-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: (404) 574 2032 (770) 652-4124