

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000001024	
1. Entity Name OAKRIDGE REHABILITATION, LLC	

Principal Place of Business 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334	Mailing Address 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0859216	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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 _____ DATE _____
Sign in ink, typed or printed name of registered agent and sign if appropriate. (NOTE: Registered Agent's signature required when changing)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGLIS, RICHARD K 2455 SUNRISE BLVD, SUITE 320 FORT LAUDERDALE, FL 33304
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01/31/06-80828-021 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: Richard K. Inglis Managing Member 1/2/06 854565-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE