

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025311

FILED
Apr 21, 2007
Secretary of State

Entity Name: TRINITY REHAB LLC

Current Principal Place of Business:

10105 CORTEZ BLVD
WEEKI WACHEE, FL 34613 US

New Principal Place of Business:

10224 YALE AVE
WEEKI WACHEE, FL 34613 US

Current Mailing Address:

1279 MASADA LANE
SPRING HILL, FL 34608 US

New Mailing Address:

FEI Number: 20-0946409 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOMASUNDARAM, SOZHAVARMAN
1279 MASADA LANE
SPRING HILL, FL 34608 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: P () Delete
Name: SOMASUNDARAM, SOZHAVARMAN
Address: 1279 MASADA LANE
City-St-Zip: SPRING HILL, FL 34608 US

Title: VP () Delete
Name: NATARAJAN, KALPANA
Address: 1279 MASADA LANE
City-St-Zip: SPRINGHILL, FL 34608

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: SOZHAVARMAN SOMASUNDARAM P 04/21/2007

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