2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2008
Secretary of State

DOCUMENT# L05000027365

Entity Name: MEDICAL REHAB CLINIC OF BROWARD, LLC

Current Principal Place of Business:

1554 NE 4TH AVE
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1554 NE 4TH AVE
FT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-2545768 **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:

RICHARD, DR. CHARLES H
1554 NE 4TH AVE
FT LAUDERDALE, FL 33304 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: M ( ) Delete
Name: RICHARD, CHARLES H
Address: 1554 NE 4TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: M ( ) Delete
Name: NICOLAS, FRITZ A
Address: 1554 NE 4TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: CHARLES H. RICHARD DR. 08/13/2008

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