2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2012
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:

1528 NE 4TH AVE
FT LAUDERDALE, FL 33304

Current Mailing Address:

1554 NE 4TH AVE
FT LAUDERDALE, FL 33304

New Mailing Address:

1528 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304

FEI Number: 20-2545768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

RICHARD, DR. CHARLES H
1528 NE 4TH AVE
FT LAUDERDALE, FL 33304 US

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: _____ 05/04/2012
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RICHARD, CHARLES H
Address: 1528 NE 4TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: MGRM
Name: NICOLAS, FRITZ A
Address: 1528 NE 4TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby 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 Statues.

SIGNATURE: FRITZ NICHOLAS MGRM 05/04/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date