

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117491

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** SYNTRICITY REHAB SOLUTIONS OF KY, LLC

**Current Principal Place of Business:**

1835 N.E. MIAMI GARDENS DRIVE  
#167  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1835 N.E. MIAMI GARDENS DRIVE  
#167  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JEROSLOW, LOUISE T  
6075 SUNSET DRIVE, SUITE 201  
SOUTH MIAMI, FL 33143    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: MGRM  
Name: GONZALEZ, MARIA E  
Address: 1835 N.E. MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM  
Name: FANNIN, DEBORAH D  
Address: 2855 REGAL PINE TRAIL  
City-St-Zip: OVIEDO, FL 32766

Title: MGRM  
Name: ALICEA, MICHAEL  
Address: 13306 SHIPWRIGHTS CIRCLE  
City-St-Zip: SOLOMONS, MD 20688

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 Statutes.

SIGNATURE: MARIA E. GONZALEZ

CFO

04/15/2011

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