

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117510

FILED
Mar 23, 2012
Secretary of State

Entity Name: SYNTRICITY REHAB SOLUTIONS OF FL, 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 #167
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM
Name: FANNIN, DEBORAH D
Address: 1835 N.E. MIAMI GARDENS DRIVE #167
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM
Name: ALICEA, MICHAEL
Address: 1835 N.E. MIAMI GARDENS DRIVE #167
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

03/23/2012

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