2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

DOCUMENT# L09000110901

Entity Name: FLORIDA WELLNESS & REHABILITATION CENTER OF HIALEAH, L.L.C.

Current Principal Place of Business:

235 W. 49TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

51 EAST 1ST AVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 27-1347409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERECEDA, MARK A
235 W. 49TH STREET
HIALEAH, FL 33012 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: GM
Name: LUANA, ORTEGA ALONSO
Address: 51 EAST 1ST AVE
City-St-Zip: HIALEAH, FL 33010

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: LUANA ORTEGA ALONSO GM 01/13/2011

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