

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003959

**FILED**  
**May 15, 2008**  
**Secretary of State**

**Entity Name:** SANDS POINT MEDICAL REHAB, LLC

**Current Principal Place of Business:**

83 SANDS POINT ROAD  
PORT WASHINGTON, NY 11050

**New Principal Place of Business:**

40-24 76TH ST.  
1B  
ELMHURST, NY 11373

**Current Mailing Address:**

83 SANDS POINT ROAD  
PORT WASHINGTON, NY 11050

**New Mailing Address:**

40-24 76TH ST.  
1B  
ELMHURST, NY 11373

**FEI Number:** 20-2337489      **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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: ROSARION, RANDOLPH M.D.  
Address: 83 SANDS POINT ROAD  
City-St-Zip: PORT WASHINGTON, NY 11050

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROSARION, RANDOLPH M.D.  
Address: 40-24 76TH ST. SUITE 1B  
City-St-Zip: ELMHURST, NY 11373

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: RANDOLPH ROSARION

MR.

05/15/2008

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