

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101832

**Entity Name:** 6107 REHAB CENTER, LLC

**Current Principal Place of Business:**

3430 W LAMBRIGHT ST  
STE 104  
TAMPA, FL 33614

**Current Mailing Address:**

3430 W LAMBRIGHT ST  
STE 104  
TAMPA, FL 33614 US

**FEI Number:** 27-1157988

**Certificate of Status Desired:** No

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

CUELLAR, YOSMANY  
3430 W LAMBRIGHT ST  
STE 104  
TAMPA, FL 33614 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CUELLAR, YOSMANY  
Address 3430 W LAMBRIGHT ST  
STE 104  
City-State-Zip: TAMPA FL 33614

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YOSMANY CUELLAR

**OWNER**

**02/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date