

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000042112

**Entity Name:** BELLISIMA REHABILITATION CENTER LLC

**Current Principal Place of Business:**

7171 CORAL WAY  
205  
MIAMI, FL 33155

**Current Mailing Address:**

7171 CORAL WAY  
205  
MIAMI, FL 33155

**FEI Number:** 45-1593814

**Certificate of Status Desired:** Yes

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

IBANEZ MARTINEZ, GISELLE  
1 GLEN ROYAL PKWY  
1611  
MIAMI, FL 33125 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 IBANEZ MARTINEZ, GISELLE  
Address 1 GLEN ROYAL PKWY # 1611  
City-State-Zip: MIAMI FL 33125

*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:** GISELLE IBANEZ MARTINEZ

**MNGR**

**04/15/2013**

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

\_\_\_\_\_  
Date