# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 11, 2008**
**Secretary of State**

DOCUMENT# L02000004587

**Entity Name:** SOUTH BROWARD REHAB SERVICES LLC

**Current Principal Place of Business:**

1570 WEST 38 PLACE
#3 & #4
HIALEAH, FL 33012

**New Principal Place of Business:**

1570 WEST 38 PLACE
#4
HIALEAH, FL 33012

**Current Mailing Address:**

1570 WEST 38 PLACE
# 3 & #4
HIALEAH, FL 33012

**New Mailing Address:**

1570 WEST 38 PLACE
#4
HIALEAH, FL 33012

**FEI Number: 45-0468262** **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:**

CAST, LOUIS F
4805 NW 79 AVENUE
SUITE # 9
DORAL, FL 33166 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: SAM, AYMARA
Address: 694 NW 127 AVENUE
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SAM, AYMARA
Address: 401 NW 107AVENUE
City-St-Zip: MIAMI, FL 33172

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: ORLANDO SAM MNGR 06/11/2008

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