

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009544

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA REHAB & WELLNESS, PL

**Current Principal Place of Business:**

1607 E. SILVER STAR RD.  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1607 E. SILVER STAR RD.  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 68-0504766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, WADE F JR.  
2901 CURRY FORD RD. SUITE 212  
ORLANDO, FL 32806 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  
**Name:** HARRISON, STEVEN R DC  
**Address:** 1607 E. SILVER STAR RD  
**City-St-Zip:** OCOE, FL 34761

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 Statutes.

**SIGNATURE:** STEVEN R HARRISON

MGR

02/28/2011

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