

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034771

FILED
May 05, 2010
Secretary of State

Entity Name: FI-SANFORD REHAB, LLC

Current Principal Place of Business:

950 MELLONVILLE AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

100 2ND AVE S
STE 901 SOUTH
ST PETERSBURG, FL 33701

New Mailing Address:

C/O 1675 PALM BEACH LAKES BOULEVARD
SUITE 900
WEST PALM BEACH, FL 33401

FEI Number: 32-0051445 **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:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
ST.PETERSBURG, FL 33701 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: MADONNA, HARRY DILLON
Address: 950 MELLONVILLE AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: ADMINISTRATOR
Address: 950 MELLONVILLE AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: DIRECTOR OF NURSING
Address: 950 MELLONVILLE AVENUE
City-St-Zip: SANFORD, FL 32771

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: HARRY D. MADONNA

MGR

05/05/2010

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