

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027125

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: EXPERT REHAB, LLC

**Current Principal Place of Business:**

20601 E. DIXIE HWY  
SUITE 320  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20601 E. DIXIE HWY  
SUITE 320  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 73-1686195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, DANIEL  
20601 E DIXIE HWY  
STE 320  
MIAMI, FL 33180 US

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

GIUSTI, CARA  
20601 E DIXIE HWY  
STE 320  
MIAMI, FL 33180 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: CARA M GIUSTI, DPT

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COHEN, DANIEL  
Address: 20601 E. DIXIE HWY, STE 320  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GIUSTI, CARA M  
Address: 20601 E. DIXIE HWY, STE 320  
City-St-Zip: AVENTURA, FL 33180

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: CARA GIUSTI, DPT

MGR

04/30/2009

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