

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027125

Entity Name: EXPERT REHAB, LLC

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**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:**

GIUSTI, CARA  
20601 E DIXIE HWY  
STE 320  
MIAMI, FL 33180 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: GIUSTI, CARA M  
Address: 20601 E. DIXIE HWY, STE 320  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: COHEN, DANIEL  
Address: 20601 E. DIXIE HWY, STE 302  
City-St-Zip: AVENTURA, FL 33180

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: DANIEL COHEN

MGR

01/31/2012

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