

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050150

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** LOGISTICS THERAPY OF BROWARD, LLC

**Current Principal Place of Business:**

8955 S.W. 87TH COURT  
SUITE # 210  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8955 S.W. 87TH COURT  
SUITE # 210  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 81-0639036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRULLON, GABRIEL  
8955 S.W. 87TH COURT  
SUITE #210  
MIAMI, FL 33176 US

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

DIEPPA, EDUARDO E III  
2095 WEST 76 STREET  
HIALEAH, FL 33016 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: EDUARDO DIEPPA III

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRULLON, GABRIEL  
Address: 8955 S.W. 87TH COURT #210  
City-St-Zip: MIAMI, FL 33176

Title: MGRM  
Name: PEREZ, ANELISA  
Address: 8955 S.W. 87TH COURT #210  
City-St-Zip: MIAMI, FL 33176

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: GABRIEL GRULLON

MGRM

04/18/2011

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