

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011385

FILED
Apr 16, 2009
Secretary of State

Entity Name: POSITIVE CARE REHABILITATION THERAPIES, LLC

Current Principal Place of Business:

502 5TH AVENUE DRIVE EAST
BRADENTON, FL 342082006 US

New Principal Place of Business:

Current Mailing Address:

502 5TH AVENUE DRIVE EAST
BRADENTON, FL 342082006 US

New Mailing Address:

FEI Number: 88-0449244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, HERMA W
758 GATES CREEK RD
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

MCDONALD, HERMA W
758 GATES CREEK RD
BRADENTON, FL 34212 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: HERMA MCDONALD

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCDONALD, DEXTER
Address: 758 GATES CREEK RD
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: MCDONALD, HERMA
Address: 758 GATES CREEK RD
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCDONALD, DEXTER
Address: 758 GATES CREEK RD
City-St-Zip: BRADENTON, FL 34212

Title: MGRM (X) Change () Addition
Name: MCDONALD, HERMA
Address: 758 GATES CREEK RD
City-St-Zip: BRADENTON, FL 34212

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: HERMA MCDONALD

MGR

04/16/2009

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