

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025311

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: TRINITY REHAB LLC

**Current Principal Place of Business:**

10224 YALE AVE  
WEEKI WACHEE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

1279 MASADA LANE  
SPRING HILL, FL 34608 US

**New Mailing Address:**

FEI Number: 20-0946409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOMASUNDARAM, SOZHAVARMAN  
1279 MASADA LANE  
SPRING HILL, FL 34608 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: P ( ) Delete  
Name: SOMASUNDARAM, SOZHAVARMAN  
Address: 1279 MASADA LANE  
City-St-Zip: SPRING HILL, FL 34608 US

Title: VP ( ) Delete  
Name: NATARAJAN, KALPANA  
Address: 1279 MASADA LANE  
City-St-Zip: SPRINGHILL, FL 34608

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SOZHAVARMAN SOMASUNDARAM

PRES

04/30/2008

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