

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025311

**FILED**  
**Mar 20, 2012**  
**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

**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  
**Name:** SOMASUNDARAM, SOZHAVARMAN  
**Address:** 1279 MASADA LANE  
**City-St-Zip:** SPRING HILL, FL 34608 US

**Title:** MGR  
**Name:** NATARAJAN, KALPANA  
**Address:** 1279 MASADA LANE  
**City-St-Zip:** SPRINGHILL, FL 34608

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:** SOZHAVARMAN SOMASUNDARAM

P

03/20/2012

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