2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L04000059189

Entity Name: RIO'S REHAB CENTER, L.L.C.

Current Principal Place of Business:

11 S. MELBOURNE STREET
BEVERLY HILLS, FL 34465 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 252
LECANTO, FL 34460 US

New Mailing Address:

FEI Number: 20-1525949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUMAPAS, GAYTHEE A
1405 N. CARNEY AVE.
LECANTO, FL 34461 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 ( ) Delete
Name: LUMAPAS, FABIAN
Address: 1405 N. CARNEY AVE.
City-St-Zip: LECANTO, FL 34461

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: LUMAPAS, GAYTHEE A
Address: 1405 N. CARNEY AVE
City-St-Zip: LECANTO, FL 34461

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: GAYTHEE A. LUMAPAS MGRM 03/19/2009

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