

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065394

FILED  
May 03, 2007  
Secretary of State

**Entity Name:** HEALING HANDS REHAB, LLC

**Current Principal Place of Business:**

3615 SW 142 CT.  
MIAMI, FL 33175

**New Principal Place of Business:**

2721 SW 137 AVE.  
SUITE 107  
MIAMI, FL 33175

**Current Mailing Address:**

3615 SW 142 CT.  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 27-0103543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LOPEZ, RAFAEL A  
3615 SW 142 CT.  
MIAMI, FL 33175      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LOPEZ, RAFAEL A  
Address: 3615 SW 142 CT.  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

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: RAFAEL LOPEZ

MGR

05/03/2007

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