

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065394

FILED
Apr 28, 2009
Secretary of State

Entity Name: HEALING HANDS REHAB, LLC

Current Principal Place of Business:

2721 SW 137 AVE.
SUITE 107
MIAMI, FL 33175

New Principal Place of Business:

3615 SW 142 CT.
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 ()

Name and Address of Current Registered Agent:

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

MGR

04/28/2009

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