

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069349

Entity Name: REHABXPERIENCE, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

3529 N. PINE ISLAND ROAD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10290 N.W. 4TH COURT
PLANTATION, FL 33324

New Mailing Address:

3529 N. PINE ISLAND ROAD
SUNRISE, FL 33351

FEI Number: 20-1779261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BLVD., 10TH FLOOR
CORPORATE CENTER TREE AT INTL. PLAZA
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

AMIT, OFER MR.
10290 NW 4 CT.
PLANTATION, FL 33324 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: OFER AMIT

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMIT, OFER
Address: 10290 N.W. 4TH COURT
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: AMIT, COLETTE
Address: 10290 N.W. 4TH COURT
City-St-Zip: PLANTATION, FL 33324

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: OFER AMIT

MGR

04/06/2009

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