

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000069349

Entity Name: REHABXPERIENCE, LLC

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3529 N. PINE ISLAND ROAD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3529 N. PINE ISLAND ROAD  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 20-1779261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMIT, OFER MR.  
10290 NW 4 CT.  
PLANTATION, FL 33324 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  
Name: AMIT, OFER  
Address: 10290 N.W. 4TH COURT  
City-St-Zip: PLANTATION, FL 33324

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

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: OFER AMIT

MGR

04/03/2011

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