

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092233

FILED
Mar 19, 2009
Secretary of State

Entity Name: WOODBRIDGE REHABILITATION AND HEALTH CENTER, LLC

Current Principal Place of Business:

8720 JACKSON SPRINGS ROAD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD
#924
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 20-2111376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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: MGRM () Delete
Name: ROOZ, EFRAIM
Address: P.O. BOX 190699
City-St-Zip: LAUDERHILL, FL 33319

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: EFRAIM ROOZ

MR.

03/19/2009

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