

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90083 035 *****50.00

DOCUMENT # L04000093824

1. Entity Name
LIBERTY REHAB SERVICES, LLC



Principal Place of Business

14245 US HWY. 1
JUNO BEACH, FL 33408 US

Mailing Address

14245 US HWY. 1
JUNO BEACH, FL 33408 US

2. Principal Place of Business - No P.O. Box #

14151 US Hwy. 1

Suite, Apt. #, etc.

3. Mailing Address

14151 US Hwy. 1

Suite, Apt. #, etc.

City & State

Juno Beach, FL

City & State

Juno Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

02142007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

42-1655942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKOW, JOANNE
14245 US HWY. 1
JUNO BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14151 US Hwy. 1

City

Juno Beach

FL

Zip Code
33408

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BERKOW, JOANNE**
STREET ADDRESS **14245 US HWY. 1**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **MGRM** ☐ Delete
NAME **MEYER, WILLIAM A**
STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 407 S.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14151 US Hwy. 1**
CITY-ST-ZIP **Juno Beach, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/07

561-689-6602