

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90031 021 \*\*\*138.75

DOCUMENT # L04000093824

1. Entity Name

LIBERTY REHAB SERVICES, LLC



Principal Place of Business

14151 US HWY 1  
JUNO BEACH FL 33408  
US

Mailing Address

14151 US HWY 1  
JUNO BEACH FL 33408  
US



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

1601 BELVEDERE ROAD

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 407 South

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL 7/A.

City & State

Zip

33406

Country

Zip

Country

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  
14151 US HWY 1  
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name

STEVEN TENDRICH

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

1601 BELVEDERE ROAD Suite 407 South

City WEST PALM BEACH

FL

Zip Code

33406

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

2-29-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BERKOW, JOANNE  
STREET ADDRESS 14151 US HWY 1  
CITY-ST-ZIP JUNO BEACH FL 33408 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME STEVEN TENDRICH  
STREET ADDRESS 1601 BELVEDERE ROAD Suite 407 South  
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☒ Change ☒ Addition

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Corporate Print

STEVEN TENDRICH 2-29-08 561 689 6602