

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000022416

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** C.A.R.E. & REHABILITATION, LLC

**Current Principal Place of Business:**

11380 PROSPERITY FARMS RD.  
SUITE B 109  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

11380 PROSPERITY FARMS RD.  
SUITE B 109  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

11380 PROSPERITY FARMS RD.  
SUITE B 109  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 20-2471289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARNER, RONALD  
1897 PALM BEACH LAKES BLVD.  
SUITE 226  
WEST PALM BEACH, FL 33409 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  
**Name:** HARTIGAN, JAY  
**Address:** 11380 PROSPERITY FARMS RD. SUITE B 109  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** MGRM  
**Name:** FRATTO, LOU  
**Address:** 11380 PROSPERITY FARMS RD. SUITE B 109  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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:** LOU FRATTO

MGRM

01/05/2010

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