

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027365

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL REHAB CLINIC OF BROWARD, LLC

**Current Principal Place of Business:**

1554 NE 4TH AVE  
FT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1554 NE 4TH AVE  
FT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 20-2545768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARD, DR. CHARLES H  
1554 NE 4TH AVE  
FT LAUDERDALE, FL 33304 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: RICHARD, CHARLES H  
Address: 1554 NE 4TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: MGRM  
Name: NICOLAS, FRITZ A  
Address: 1554 NE 4TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: TANYA HIGGS

MS.

04/16/2010

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