2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L05000034356

Entity Name: THERAPEUTIC REHAB NETWORK, LLC

Current Principal Place of Business:

3550 N. MOORINGS WAY
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3550 N. MOORINGS WAY
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-2649968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, JAMES W
3550 N. MOORINGS WAY
COCONUT GROVE, FL 33133 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: HARRIS, JAMES W
Address: 3550 N. MOORINGS WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: S
Name: HARRIS, KATHY B
Address: 3550 N. MOORINGS WAY
City-St-Zip: COCONUT GROVE, FL 33133

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 Statues.

SIGNATURE: JAMES W. HARRIS MGR 04/29/2011

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