2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036381

2756 N. UNIVERSITY DR.

DAVIE, FL 33024 US

Address:

City-St-Zip:

Entity Name: CENTER FOR REHABILITATION OF PALM BEACH, LLC

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
2756 N. UNIVERSITY DAVIE, FL 33024 U			
Current Mailing Address:		New Mailing Address:	
2756 N. UNIVERSITY DAVIE, FL 33024 U			
FEI Number: 20-3466465	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
ALONSO, LUIS 2756 N. UNIVERSITY DAVIE, FL 33024 L			
The above named enti in the State of Florida.	ty submits this statement for the	purpose of changing its registere	d office or registered agent, or both
SIGNATURE:			
Electronic Signature of Registered Age		ent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: MGRM Name: ALONSO, LI	()Delete UIS	Title: Name:	() Change () Addition

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUIS ALONSO **MGRM** 04/20/2009