

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041679

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA STAFFING SOLUTIONS LLC

**Current Principal Place of Business:**

13163 SW 16TH ST.  
DAVIE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

13163 SW 16TH ST.  
DAVIE, FL 33325 US

**New Mailing Address:**

**FEI Number:** 20-2800688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALOMA, DOMINIC  
13163 SW 16TH ST.  
DAVIE, FL 33325 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:** ABSOLUTE REHABILITATION CORP.  
**Address:** 13163 SW 16TH ST.  
**City-St-Zip:** DAVIE, FL 33325 US

**Title:** MGRM  
**Name:** MAYA PHYSICAL THERAPY INC.  
**Address:** 4022 TURQUOISE TRAIL  
**City-St-Zip:** WESTON, FL 33331

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:** DOMINIC ALOMA

MGRM

03/25/2010

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