2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-08-2008 90104 007 ***138.50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000065240

1. Entity Name
MAHER WELLNESS AND REHABILITATION CENTER, LLC

Principal Place of Business	Mailing Address
13910 S. JOG RD. UNIT#101 DELRAY BEACH, FL 33446	P.O. BOX 267 PARAMUS, NJ 07653

DO NOT WRITE IN THIS SPACE

02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3085013
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RONALD L. SIEGEL, P.A.
1800 NW CORPORATE BOULEVARD
SUITE 302
BOCA RATON, FL 33431

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAHER, STEVEN S
STREET ADDRESS	495 BOULEVARD
CITY-ST-ZIP	ELMWOOD PARK, NJ 07407
TITLE	MGRM
NAME	MAHER, DIANE M
STREET ADDRESS	495 BOULEVARD
CITY-ST-ZIP	ELMWOOD PARK, NJ 07407
TITLE	MGRM
NAME	MAHER, STEVEN S JR.
STREET ADDRESS	7018 CHESAPEAKE CIR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	MGRM
NAME	MAHER, MELISSA
STREET ADDRESS	7018 CHESAPEAKE CIR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: _____ 4/23/08 201-703-0720
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #