

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065240

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: MAHER WELLNESS AND REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

13910 S. JOG RD. UNIT#101  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 267  
PARAMUS, NJ 07653

**New Mailing Address:**

FEI Number: 20-3085013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

MAHER, STEVEN  
15766 LOCH MAREE LANE  
#3905  
DELRAY BEACH, FL 33446 US

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: STEVEN S. MAHER

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAHER, STEVEN S  
Address: 495 BOULEVARD  
City-St-Zip: ELMWOOD PARK, NJ 07407 US

Title: MGRM ( ) Delete  
Name: MAHER, DIANE M  
Address: 495 BOULEVARD  
City-St-Zip: ELMWOOD PARK, NJ 07407 US

Title: MGRM ( ) Delete  
Name: MAHER, STEVEN S JR.  
Address: 7018 CHESAPEAKE CIR.  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGRM ( ) Delete  
Name: MAHER, MELISSA  
Address: 7018 CHESAPEAKE CIR.  
City-St-Zip: BOYNTON BEACH, FL 33436 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAHER, STEVEN S  
Address: P.O. BOX 267  
City-St-Zip: PARAMUS, NJ 07653 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: STEVEN S. MAHER

VP

03/26/2009

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