

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115457

FILED
Jan 17, 2008
Secretary of State

Entity Name: REHAB CARE, LLC

Current Principal Place of Business:

4345 SW 72 AVE
SUITE C
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4345 SW 72 AVE
SUITE C
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-3886208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, LILIAN
4345 SW 72 AVE
SUITE C
MIAMI, FL 33155 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 () Delete
Name: MARTINEZ, LILIAN
Address: 4345 SW 72 AVE SUITE C
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: LOUNDO, JAVIER
Address: 4345 SW 72 AVE SUITE C
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MARTINEZ, LILIAN
Address: 4345 SW 72 AVE SUITE C
City-St-Zip: MIAMI, FL 33155

Title: MGR (X) Change () Addition
Name: LOURIDO, JAVIER
Address: 4345 SW 72 AVE SUITE C
City-St-Zip: MIAMI, FL 33155

Title: S () Change (X) Addition
Name: CARMONA, FANY
Address: 4345 SW 72 AVE STE # C
City-St-Zip: MIAMI, FL 33155

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: JAVIER LOURIDO MGR 01/17/2008

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