

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000116324**

1. Entity Name

MULTICARE REHABILITATION, LLC



Principal Place of Business

2215 S. UNIVERSITY DRIVE  
DAVIE FL 33324

Mailing Address

2215 S. UNIVERSITY DRIVE  
DAVIE FL 33324



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-3889500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNY, SCOTT  
2215 S. UNIVERSITY DRIVE  
DAVIE FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee applicator

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME DIAMOND, PETER  
STREET ADDRESS 2215 S. UNIVERSITY DRIVE  
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Change ☐ Addition  
NAME U00000811163  
STREET ADDRESS 02/11/08-80015-017 138.75  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME DENNY, SCOTT  
STREET ADDRESS 2215 S. UNIVERSITY DRIVE  
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Print name

*[Handwritten Signature]* MGR 1/30/08 9544738925