2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L05000116324

Entity Name: MULTICARE REHABILITATION, LLC

Current Principal Place of Business:

2215 S. UNIVERSITY DRIVE
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2215 S. UNIVERSITY DRIVE
DAVIE, FL 33324

New Mailing Address:

FEI Number: 20-3889500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENNY, SCOTT
2215 S. UNIVERSITY DRIVE
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

DIAMOND, PETER
2215 S. UNIVERSITY DRIVE
DAVIE, FL 33324 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: PETER DIAMOND 02/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DIAMOND, PETER
Address: 2215 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33324

Title: MGR (X) Delete
Name: DENNY, SCOTT
Address: 2215 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES:

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: PETER DIAMOND MGR 02/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date