

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027581

FILED
Apr 14, 2009
Secretary of State

Entity Name: ELITE REHABILITATION OF FLORIDA LLC

Current Principal Place of Business:

44 SOUTH BROADWAY
SUITE 614
WHITE PLAINS, NY 10601 US

Current Mailing Address:

44 SOUTH BROADWAY
SUITE 614
WHITE PLAINS, NY 10601 US

New Principal Place of Business:

4 WEST RED OAK LANE
SUITE 201
WHITE PLAINS, NY 10604 US

New Mailing Address:

4 WEST RED OAK LANE
SUITE 201
WHITE PLAINS, NY 10604 US

FEI Number: 20-4495392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBACK, P.A., JOSEPH L
FOUR SEASONS TOWER, 1441 BRICKELL AVENUE
15TH FLOOR
MIAMI, FL 33131 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: STOLZBERG, MAXWELL
Address: 44 SOUTH BROADWAY, SUITE 614
City-St-Zip: WHITE PLAINS, NY 10601 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STOLZBERG, MAXWELL
Address: 4 WEST RED OAK LANE, STE 201
City-St-Zip: WHITE PLAINS, NY 10604 US

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: MAXWELL STOLZBERG

MGR

04/14/2009

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