

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000028684

**FILED  
Apr 28, 2011  
Secretary of State**

**Entity Name:** ROBERTS RENTAL REHAB LLC

**Current Principal Place of Business:**

214 SW 43RD TERRACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

214 SW 43RD TERRACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-4512583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SMITH, ROBERT L  
214 SW 43RD TERRACE  
CAPE CORAL, FL 33914      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  
Name: SMITH, ROBERT L  
Address: 214 SW 43RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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: ROBERT L SMITH      MGR      04/28/2011

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