2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L06000065489

Entity Name: THRIVE FOR REHAB, LLC

Current Principal Place of Business:

605 LYNDSEY LANE
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

605 LYNDSEY LANE
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 74-3182541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAJO, RODOLFO A JR.
605 LYNDSEY LANE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

GRAJO, RODOLFO A
605 LYNDSEY LANE
WINTER HAVEN, FL 33884 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: RODOLFO A. GRAJO JR. 03/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRAJO, RODOLFO A JR.
Address: 605 LYNDSEY LANE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGRM ( ) Delete
Name: GRAJO, LORINDA C
Address: 605 LYNDSEY LANE
City-St-Zip: WINTER HAVEN, FL 33884 US

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: RODOLFO A. GRAJO JR. MGR 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date