

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079266

FILED
Jan 24, 2010
Secretary of State

Entity Name: REHAB THERAPY OUTCOMES, LLC

Current Principal Place of Business:

940 LIVE OAK AVENUE NORTHEAST
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

940 LIVE OAK AVENUE NORTHEAST
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 22-3940372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: REYNES, JOSELITO C
Address: 940 LIVE OAK AVENUE NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33703

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: JOSELITO C REYNES

MGR

01/24/2010

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