

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102152

FILED
Sep 18, 2009
Secretary of State

Entity Name: NORTH DADE REHABILITATION CENTER L.L.C.

Current Principal Place of Business:

164 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

164 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-5750386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LIGER, GALLINA
13099 SW 28TH STREET
MIRAMAR, FL 33027 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIGER, PRESLEY F
Address: 13099 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: PRES () Delete
Name: LIGER, GALLINA
Address: 13099 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33027

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: PRESLEY LIGER

MGRM

09/18/2009

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