

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000103503

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** FOUR CORNERS REHAB & WELLNESS, PL

**Current Principal Place of Business:**

39857 HWY 27 N  
DAVENPORT, FL 33837 US

**New Principal Place of Business:**

**Current Mailing Address:**

39857 HWY 27 N  
DAVENPORT, FL 33837 US

**New Mailing Address:**

**FEI Number:** 20-5768170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRISON, STEVEN R  
1607 E. SILVER STAR RD  
OCOE, FL 34761 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:** MGRM  
**Name:** HARRISON, STEVEN R  
**Address:** 405 S. CUMBERLAND AVE.  
**City-St-Zip:** OCOEE, FL 34761 US

**Title:** MGRM  
**Name:** COLOMBO, CARLOS H  
**Address:** 1291 BLESSING STREET  
**City-St-Zip:** MAITLAND, FL 32751 US

**Title:** MGRM  
**Name:** BROCKMAN, PETER  
**Address:** 504 E HENSCHEN AVENUE  
**City-St-Zip:** OAKLAND, FL 34787 US

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:** CARLOS COLOMBO

MGRM

02/25/2010

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