

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116384

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: REHAB SPECIALTY BUILDERS LLC

## Current Principal Place of Business:

209 SW 22 ST  
FT LAUDERDALE, FL 33322

## New Principal Place of Business:

8358 W. OAKLAND PARK BLVD  
203D  
SUNRISE, FL 33351

## Current Mailing Address:

209 SW 22 ST  
FT LAUDERDALE, FL 33322

## New Mailing Address:

8358 W. OAKLAND PARK BLVD  
203D  
SUNRISE, FL 33351

FEI Number: 20-5473573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESTHER, BITTELMAN  
12950 SW 13 STREET, #303D  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

REHAB SPECIALTY BUILDERS GROUP 1, LLC  
8358 W OAKLAND PARK BLVD  
203D  
SUNRISE, FL 33351 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: BARRY WARE

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BITTELMAN, ESTHER  
Address: 12950 SW 13 STREET #303D  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Delete  
Name: WARE, BARRY  
Address: 2911 NW 65 WAY  
City-St-Zip: MARGATE, FL 33063

Title: MNG ( ) Delete  
Name: BITTELMAN, J  
Address: 12950 SW 13 ST 303D  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JOSE, YANES  
Address: 12950 SW 13 STREET #303D  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: REHAB SPECIALTY BUILDERS GROUP 1, LLC  
Address: 1445 NE 16TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33304

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: BARRY WARE

MNGM

04/30/2009

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