

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041464

FILED
Apr 24, 2009
Secretary of State

Entity Name: HANDS WITH CARE OCCUPATIONAL THERAPY AND REHABILITATION, LLC

Current Principal Place of Business:

9980 CENTRAL PARK BOULEVARD N
SUITE 102
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

9980 CENTRAL PARK BOULEVARD N
SUITE 102
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 33-1161834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARITZ & COLMAN LLP
1075 BROKEN SOUND PARKWAY, NW
SUITE 102
BOCA RATON, FL 33487 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 () Delete
Name: MATIS, CLIFFORD A
Address: 9980 CENTRAL PARK BLVD., N, SUITE 102
City-St-Zip: BOCA RATON, FL 33428

Title: MGR () Delete
Name: MATIS, JULIETTE C
Address: 9980 CENTRAL PARK BLVD., N, SUITE 102
City-St-Zip: BOCA RATON, FL 33428

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: CLIFFORD A. MATIS

MGR

04/24/2009

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