2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# L07000047103

Entity Name: NU CARE REHAB LLC

Current Principal Place of Business:

352 TWELVE OAKS DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

352 TWELVE OAKS DRIVE
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 20-8964833 **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:

OLIVEROS, MARIVI
352 TWELVE OAKS DRIVE
WINTER SPRINGS, FL 32708 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 ( ) Delete
Name: OLIVEROS, MARIVI
Address: 352 TWELVE OAKS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: OLIVEROS, MARIVI
Address: 352 TWELVE OAKS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: MARIVI OLIVEROS PRES 08/05/2008

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