

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047103

**Entity Name:** NU CARE REHAB LLC

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**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 ( )**

**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: PRES  
Name: OLIVEROS, MARIVI  
Address: 352 TWELVE OAKS DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: MARIVI OLIVEROS

PRES

03/29/2012

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