

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091506

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** REHAB THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

7236 STATE RD. 52  
SUITE 4  
BAYONET POINT, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7236 STATE RD. 52  
SUITE 4  
BAYONET POINT, FL 34667

**New Mailing Address:**

**FEI Number:** 26-0840855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORENO, REGINALDO P  
365 WOOD DOVE AVE  
TARPON SPRINGS, FL 34689 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: MORENO, REGINALDO P  
Address: 365 WOOD DOVE AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR ( ) Delete  
Name: OUANO, MAY A  
Address: 8731 MARTINIQUE LANE  
City-St-Zip: PORT RITCHEY, FL 34668

**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: REGINALDO P. MORENO

MGR

04/30/2009

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