

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000091506

**FILED**  
**Mar 25, 2011**  
**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:**

7505 ROTTINGHAM RD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

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

**New Mailing Address:**

7505 ROTTINGHAM RD  
PORT RICHEY, FL 34668

**FEI Number:** 26-0840855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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:** REGINALDO P. MORENO

MGR

03/25/2011

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