# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# L07000123027

**Entity Name:** THEROPOLIS REHAB SERVICES, LLC

**Current Principal Place of Business:**

1830 SOUTH OCEAN DR.
#3710
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

1000 W. MCNAB ROAD
#320
POMPANO BEACH, FL 33069 US

**Current Mailing Address:**

1830 SOUTH OCEAN DR.
#3710
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

**FEI Number: 26-1555382** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KASTEN, MONTE
1830 SOUTH OCEAN DR.
#3710
HALLANDALE BEACH, FL 33009 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: HYMANDY, INC.,
Address: 1830 SOUTH OCEAN DR., #3710
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM ( ) Delete
Name: ASHTODD VENTURES, IN, C.
Address: 15 ROYAL PALM WAY, #601
City-St-Zip: BOCA RATON, FL 33432 US

**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: MONTE KASTEN MGRM 04/29/2008

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