

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123027

FILED
Feb 16, 2009
Secretary of State

Entity Name: THEROPOLIS REHAB SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1800 SOUTH OCEAN DR.
#2301
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

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

New Mailing Address:

1800 SOUTH OCEAN DR.
#2301
HALLANDALE BEACH, FL 33009 US

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:

KASTEN, MONTE
1800 SOUTH OCEAN DR.
#2301
HALLANDALE BEACH, FL 33009 US

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: MONTE KASTEN

02/16/2009

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: MGRM (X) Change () Addition
Name: HYMANDY, INC.,
Address: 1800 SOUTH OCEAN DR., #2301
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM (X) Change () Addition
Name: ASHTODD VENTURES, IN, C.
Address: 11113 BRANDYWINE LAKE WAY
City-St-Zip: BOYNTON BEACH, FL 33473 US

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

MGM

02/16/2009

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