

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039061

FILED
Apr 03, 2009
Secretary of State

Entity Name: BISCAYNE NEUROLOGIC REHABILITATION CENTER LLC

Current Principal Place of Business:

15921 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

15921 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 20-4223513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDWIN, MICHAEL
15921 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160 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: GOLDIN, MICHAEL
Address: 15921 BISCAYNE BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGRM () Delete
Name: SOUTH FLORIDA UNION, LLC
Address: 2999 NE 191ST STREET SUITE #905
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL GOLDIN

P

04/03/2009

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