2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L08000045676

Entity Name: REHAB ASSOCIATES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

2525 S.W. 75 AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

2525 S.W. 75 AVENUE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 26-2591500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARRA, MIGUEL G ESQ.
MORRISON, BROWN, ARGIZ & FARRA, LLP
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131 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: VARGAS, JOSE LUIS MD
Address: PO BOX 145418
City-St-Zip: MIAMI, FL 33155

Title: MGR ( ) Delete
Name: DE CARDENAS, MIKE
Address: 6230 SW 144 ST.
City-St-Zip: MIAMI, FL 33156

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: JOSE LUIS VARGAS, M.D. MGR 04/24/2009

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