

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045676

FILED  
Apr 23, 2010  
Secretary of State

**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:**

P.O. BOX 561167  
PINECREST, FL 33256

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  
Name: VARGAS, JOSE LUIS MD  
Address: PO BOX 145418  
City-St-Zip: MIAMI, FL 33155

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

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: JOSE L. VARGAS

MD

04/23/2010

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