

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045676

**FILED**  
**Feb 07, 2011**  
**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:**

P.O. BOX 561167  
PINECREST, FL 33256

**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  
**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

02/07/2011

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