

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071444

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** SPEECH REHAB SERVICES, LLC

**Current Principal Place of Business:**

950 PENINSULA CORPORATE CIRCLE, STE. 1014  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

950 PENINSULA CORPORATE CIRCLE  
1014  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

950 PENINSULA CORPORATE CIRCLE, STE. 1014  
BOCA RATON, FL 33487 US

**New Mailing Address:**

950 PENINSULA CORPORATE CIRCLE  
1014  
BOCA RATON, FL 33487 US

**FEI Number:** 26-3046760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDLER, JANET  
3154 N.W. 61ST STREET  
BOCA RATON, FL 33496 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:** MGRM  
**Name:** SANDLER, JANET  
**Address:** 3154 N.W. 61ST STREET  
**City-St-Zip:** BOCA RATON, FL 33496 US

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:** JANET SANDLER

MGRM

01/04/2012

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