

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085738

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: SUMMERFIELD REHABILITATION SPECIALISTS, LLC

**Current Principal Place of Business:**

17820 SE 109TH AVENUE  
SUITE 105B  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

17820 SE 109TH AVENUE  
SUITE 105B  
SUMMERFIELD, FL 34491

**New Mailing Address:**

FEI Number: 26-3336222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LABASBAS, JESSIE L  
5345 SW COLLEGE ROAD  
SUITE 402  
OCALA, FL 34474 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: ZAYAS, MANUEL R III  
Address: 17820 SE 109TH AVENUE SUITE 105B  
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGR ( ) Delete  
Name: OUITMET, PAUL  
Address: 17820 SE 109TH AVENUE SUITE 105B  
City-St-Zip: SUMMERFIELD, FL 34491

**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: MANUEL R ZAYAS III

MGR

04/08/2009

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