2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089114

Entity Name: BOCA CIEGA REHABILITATION, LLC

1414 59TH STREET SOUTH

City-St-Zip: GULFPORT, FL 33707

Address:

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	HSTREET SOU RT, FL 33707	HTL			
Current Mailing Address:			New Mailing Address:		
SUITE 901	ND AVE SOU' IS RSBURG, FL				
FEI Number	: 26-3411147	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
360 CENT SUITE 155 ST. PETER The above	50 RSBURG, FL named entity se of Florida.	33701 US	purpose of changing its register	red office or registered agent, or both	
Electronic Signature of Registered Agent			jent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MADONNA, HA	AVE SUITE 1550	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () ADMINISTRATO 1414 59TH STF GULFPORT, FL	REET SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM ()	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: HARRY DILLON MADONNA MGRM 04/24/2009