

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089244

FILED
Apr 24, 2009
Secretary of State

Entity Name: TARPON REHABILITATION CENTER, LLC

Current Principal Place of Business:

515 CHESAPEAKE DRIVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

100 SECOND AVE SOUTH
SUITE 901 S
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 26-3411945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVE
SUITE 1550
ST. PETERSBURG, FL 33701 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 () Delete
Name: MADONNA, HARRY D
Address: 360 CENTRAL AVE SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM () Delete
Name: ADMINISTRATOR,
Address: 515 CHESAPEAKE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: DON,
Address: 515 CHESAPEAKE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HARRY DILLON MADONNA

MGRM

04/24/2009

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