

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101077

FILED
Apr 21, 2009
Secretary of State

Entity Name: TAMPA REHAB & CHIROPRACTIC, LLC

Current Principal Place of Business:

4329 BAYSIDE VILLAGE DR, APART 202
TAMPA, FL 33615

New Principal Place of Business:

5511 HANDLEY AVE.
TAMPA, FL 33634

Current Mailing Address:

4329 BAYSIDE VILLAGE DR, APART 202
TAMPA, FL 33615

New Mailing Address:

8710 W. HILLSBOROUGH AVE
323
TAMPA, FL 33615

FEI Number: 90-0426722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: DOMINGUEZ, ALBERTO M
Address: 8316 HANLEY ROAD, SUITE 1-2
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOONEY, ALBERTO A
Address: 5511 HANDLEY AVE.
City-St-Zip: TAMPA, FL 33634

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: ALBERTO A. MOONEY

MGRM

04/21/2009

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