

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101077

FILED
Feb 17, 2010
Secretary of State

Entity Name: TAMPA REHAB & CHIROPRACTIC, LLC

Current Principal Place of Business:

5511 HANDLEY AVE.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

8710 W. HILLSBOROUGH AVE
323
TAMPA, FL 33615

New Mailing Address:

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
Name: MOONEY, ALBERTO A
Address: 5511 HANDLEY AVE.
City-St-Zip: TAMPA, FL 33634

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: ALBERTO A. MOONEY MGR 02/17/2010

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