

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111543

FILED
Feb 09, 2009
Secretary of State

Entity Name: RELIANCE MEDICAL REHABILITATION, LLC

Current Principal Place of Business:

125 NEWTOWN ROAD
PLAINVIEW, NY 11803

New Principal Place of Business:

Current Mailing Address:

125 NEWTOWN ROAD
PLAINVIEW, NY 11803

New Mailing Address:

FEI Number: 26-4113748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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: BLUMBERG, STUART
Address: 13 HORSESHOE ROAD
City-St-Zip: OLD WESTBURY, NY 11568

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MRGM () Change (X) Addition
Name: DAMADIAN, TIMOTHY R
Address: 125 NEWTOWN ROAD, SUITE 200
City-St-Zip: PLAINVIEW, NY 11726 US

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: TIMOTHY DAMDIAN

MGRM

02/09/2009

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