

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117491

FILED
Apr 17, 2009
Secretary of State

Entity Name: SYNTRICITY REHAB SOLUTIONS OF KY, LLC

Current Principal Place of Business:

801 NE 167TH STREET, SUITE 304
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

1835 N.E. MIAMI GARDENS DRIVE
#167
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

801 NE 167TH STREET, SUITE 304
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

1835 N.E. MIAMI GARDENS DRIVE
#167
NORTH MIAMI BEACH, FL 33179

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE T
6075 SUNSET DRIVE, SUITE 201
SOUTH MIAMI, FL 33143 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: GONZALEZ, ELVA
Address: 801 NE 167 STREET, SUITE 304
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: FANNIN, DEBORAH D
Address: 2855 REGAL PINE TRAIL
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: ALICEA, MICHAEL
Address: 13306 SHIPWRIGHTS CIRCLE
City-St-Zip: SOLOMONS, MD 20688

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, MARIA E
Address: 1835 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: MARIA E GONZALEZ

MGRM

04/17/2009

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