

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117491

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** SYNTRICITY REHAB SOLUTIONS OF KY, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: GONZALEZ, MARIA E  
Address: 1835 N.E. MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM  
Name: FANNIN, DEBORAH D  
Address: 1835 N.E. MIAMI GARDENS DRIVE #167  
City-St-Zip: NORTH MIAMI BEAH, FL 33179

Title: MGRM  
Name: ALICEA, MICHAEL  
Address: 1835 N.E. MIAMI GARDENS DRIVE #167  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: MARIA E. GONZALEZ

CFO

03/23/2012

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