

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000010125

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** POSADA'S REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

633 NW AVE G  
BELLE GLADE, FL 3340

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2484  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 26-4311956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POSADA, ARON  
11120 S CROWN WAY  
SUITE 8  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

POSADA, ARON  
633 NW AVE G  
BELLE GLADE, FL 33430 US

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: ARON POSADA

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POSADA, ARON  
Address: 633 NW AVE G  
City-St-Zip: BELLE GLADE, FL 33430

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: ARON POSADA

MGRM

04/30/2010

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