

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000010125

FILED  
Apr 26, 2011  
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  
633 NW AVE G  
BELLE GLADE, FL 33430 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: 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

04/26/2011

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