

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000018406

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** THERAPY & REHABILITATION CARE, LLC

**Current Principal Place of Business:**

3418 FORREST DRIVE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

333 NE 24 STREET APT 1712  
MIAMI, FL 33137

**Current Mailing Address:**

3418 FORREST DRIVE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

333 NE 24 STREET APT 1712  
MIAMI, FL 33137

**FEI Number:** 27-0395334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAMIREZ, MARCELA  
3418 FORREST DRIVE  
HOLLYWOOD, FL 33021 US

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

RAMIREZ, DIANA M  
333 NE 24 STREET APT 1712  
MIAMI, FL 33137 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: DIANA MARCELA RAMIREZ

10/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAMIREZ, DIANA M  
Address: 333 NE 24 STREET APT 1712  
City-St-Zip: MIAMI, FL 33137

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: DIANA MARCELA RAMIREZ

MGRM

10/04/2010

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