

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018406

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

333 NE 24 STREET APT 1712  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

333 NE 24 STREET APT 1712  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 27-0395334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

DR

04/14/2011

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