

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023234

**Entity Name:** AMERI REHAB, LLC

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5101 N. HABANA AVENUE, SUITE B  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 N. HABANA AVENUE, SUITE B  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 26-4419850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATIGRE, PHILIP  
5101 N. HABANA AVENUE, SUITE B  
TAMPA, FL 33614 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: D  
Name: CASTILLO, JULIO CESAR  
Address: 5101 N. HABANA AVENUE, SUITE B  
City-St-Zip: TAMPA, FL 33614 US

Title: P  
Name: ATIGRE, PHILIP  
Address: 5101 N. HABANA AVENUE, SUITE B  
City-St-Zip: TAMPA, FL 33614 US

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: JULIO CESAR CASTILLO

D

03/16/2010

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