

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000024001

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** I.R.C. (INTEGRAL REHABILITATION CENTER), LLC

**Current Principal Place of Business:**

6802 W. HILLSBOROUGH AVE  
13  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

6802 W. HILLSBOROUGH AVE  
13  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 26-4350749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVERMAN, LEANNE M  
6802 W. HILLSBOROUGH AVE.  
13  
TAMPA, FL 33634 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: MARTINEZ, JULIO C  
Address: 6802 W. HILLSBOROUGH AVE., SUITE 13  
City-St-Zip: TAMPA, FL 33634 US

Title: MGRM  
Name: SILVERMAN, LEANNE M  
Address: 6802 W. HILLSBOROUGH AVE., SUITE 13  
City-St-Zip: TAMPA, FL 33634 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: LEANNE M. SILVERMAN

MGRM

03/29/2010

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