2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# L09000028224

Entity Name: MAIN REHAB CENTER LLC

Current Principal Place of Business:

6301 MEMORIAL HWY
SUITE101
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6301 MEMORIAL HWY SUITE101
TAMPA, FL 33615

New Mailing Address:

6301 MEMORIAL HWY
SUITE101
TAMPA, FL 33615

FEI Number: 26-4528027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORJAS, WALTER
6301 MEMORIAL HWY
SUITE101
TAMPA, FL 33615 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: ACOSTA MIGUEL, OSLAY
Address: 6301 MEMORIAL HWY SUITE101
City-St-Zip: TAMPA, FL 33615

Title: P
Name: BORJAS, WALTER
Address: 6301 MEMORIAL HWY SUITE101
City-St-Zip: TAMPA, FL 33615

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 Statues.

SIGNATURE: WALTER BORJAS P 02/18/2010

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