

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031075

FILED
Feb 23, 2011
Secretary of State

Entity Name: MESSAGE MEDIC REHABILITATION CENTER, LLC

Current Principal Place of Business:

5187 TAMIAMI TRAIL NORTH
#101
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

14832 INDIGO LAKES CIR.
NAPLES, FL 34119

New Mailing Address:

FEI Number: 26-4539139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTH, MICHELLE
14832 INDIGO LAKES CIR
NAPLES, FL 34119 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: MGR
Name: WORTH, MICHELLE
Address: 14832 INDIGO LAKES CIR
City-St-Zip: NAPLES, FL 34119

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: MICHELLE WORTH

MS.

02/23/2011

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