

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000038119

FILED
Feb 09, 2011
Secretary of State

Entity Name: SOUTH FLORIDA INSTITUTE OF WELLNESS AND REHAB, LLC

Current Principal Place of Business:

299 SW 27TH AVENUE
MIAMI, FLORIDA, FL 33135

New Principal Place of Business:

Current Mailing Address:

299 SW 27TH AVENUE
MIAMI, FLORIDA, FL 33135

New Mailing Address:

FEI Number: 26-4714448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, CARLOS
299 SW 27TH AVENUE
MIAMI, FL 33135 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: GARCIA, CARLOS
Address: P.O. BOX 402566
City-St-Zip: MIAMI, FL 33140 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: CARLOS GARCIA

MGRM

02/09/2011

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