

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084466

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA REHAB SPECIALISTS L.L.C.

**Current Principal Place of Business:**

8605 W. SAMPLE RD #105  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

8605 W. SAMPLE RD  
#110  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8605 W. SAMPLE RD #105  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

8605 W. SAMPLE RD  
#110  
CORAL SPRINGS, FL 33065

**FEI Number:** 27-0784585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSS, GREG  
311 SE 10 CT.  
FT LAUDERDALE, FL 33316 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: BABCOCK, MARK J  
Address: 8605 W. SAMPLE RD #110  
City-St-Zip: CORAL SPRINGS, FL 33065

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: MARK BABCOCK

MGR

02/07/2012

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