

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088723

FILED
Mar 08, 2011
Secretary of State

Entity Name: 7520 REHABILITATION CENTER, LLC

Current Principal Place of Business:

7520 W. WATERS AVE.
14
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

7520 W. WATERS AVE.
14
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 27-0920319 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTINEZ CHAVEZ, ALBERTO
7520 W. WATERS AVE.
14
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: MGRM
Name: ALFONSO, ELIGER
Address: 7520 W. WATERS AVE., SUITE 14
City-St-Zip: TAMPA, FL 33615 US

Title: MGR
Name: MARTINEZ CHAVEZ, ALBERTO
Address: 7520 W. WATERS AVE., SUITE 14
City-St-Zip: TAMPA, FL 33615 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: ALBERTO MARTINEZ CHAVEZ MGR 03/08/2011

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