

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094288

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** ACHILLES CHOICE REHAB LLC

**Current Principal Place of Business:**

6557 SW 79 ST  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6557 SW 79 ST  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

14160 NW PALMETTO FRONTAGE RD  
STE 33  
MIAMI LAKES, FL 33016

**FEI Number:** 27-1023553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVELLANEDA, DIANA R  
6557 SW 79 ST  
SOUTH MIAMI, FL 33143 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: AVELLANEDA, DIANA R  
Address: 6557 SW 79 ST  
City-St-Zip: SOUTH MIAMI, FL 33143

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: DIANA R AVELLANEDA

MGR

04/01/2010

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