

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095839

FILED
Jan 23, 2012
Secretary of State

Entity Name: ROMAIN REHABILITATION CENTER, PLLC

Current Principal Place of Business:

11835 NW 13TH ST
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11835 NW 13TH ST
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 06-1824793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAIN, GUY
11835 NW 13TH ST
PEMBROKE PINES, FL 33026 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: ROMAIN, GUY
Address: 11835 NW 13TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

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: GUY ROMAIN

MPT

01/23/2012

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