

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000106452

Entity Name: E R REHAB CENTER LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3619 HENDERSON BLVD  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3619 HENDERSON BLVD  
TAMPA, FL 33609 US

**New Mailing Address:**

PO BOX 18471  
TAMPA, FL 33679 US

FEI Number: 27-1244497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUIZ, ALEJANDRO C  
3619 HENDERSON BLVD  
TAMPA, FL 33609 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: FRIAS, RAFAEL A  
Address: 3619 HENDERSON BLVD  
City-St-Zip: TAMPA, FL 33609 US

Title: MGR  
Name: RUIZ, ALEJANDRO C  
Address: 3619 HENDERSON BLVD  
City-St-Zip: TAMPA, FL 33609 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: RAFAEL FRIAS

MGRM

02/16/2011

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