2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# L09000110712

Entity Name: THE ISLANDS THERAPUTIC AND REHABILITATIVE CENTER LLC

Current Principal Place of Business:

3820 GUNN HWY, UNIT AB
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3820 GUNN HWY, UNIT AB
TAMPA, FL 33618

New Mailing Address:

FEI Number: 27-1339258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHACO, SHAWN
3820 GUNN HWY, UNIT AB
TAMPA, FL 33618 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: SULLIVAN, MARISA
Address: 3820 GUNN HWY UNIT AB
City-St-Zip: TAMPA, FL 33618

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 Statues.

SIGNATURE: MARISA SULLIVAN MGR 02/18/2010

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