

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000054716

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Entity Name:** THERABILITY REHAB SERVICES, LLC

**Current Principal Place of Business:**

9801 DONNA KLEIN BLVD  
BOCA RATON, FL 33428

**New Principal Place of Business:**

7777 N. UNIVERSITY DRIVE  
SUITE 101-SOUTH  
TAMARAC, FL 33321

**Current Mailing Address:**

9801 DONNA KLEIN BLVD  
BOCA RATON, FL 33428

**New Mailing Address:**

7777 N. UNIVERSITY DRIVE  
SUITE 101-SOUTH  
TAMARAC, FL 33321

**FEI Number:** 90-0601633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUERVO, JORGE  
7777 N. UNIVERSITY DRIVE  
SUITE 101-S  
TAMARAC, FL 33321 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:** CUERVO, JORGE  
**Address:** 7777 N. UNIVERSITY DRIVE, SUITE 101-S  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** MGRM  
**Name:** GREEN, MATTHEW  
**Address:** 7777 N. UNIVERSITY DRIVE, SUITE 101-S  
**City-St-Zip:** TAMARAC, FL 33321

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:** JORGE CUERVO

MGRM

05/31/2011

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