

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000060018

FILED  
Mar 28, 2011  
Secretary of State

**Entity Name:** NOBA REHABILITATION CENTER, LLC.

**Current Principal Place of Business:**

175 FONTAINEBLEAU BLVD., 2G6A  
MIAMI, FL 33172 US

**New Principal Place of Business:**

175 FONTAINEBLEAU BLVD  
2G6A  
MIAMI, FL 33172 US

**Current Mailing Address:**

175 FONTAINEBLEAU BLVD., 2G6A  
MIAMI, FL 33172 US

**New Mailing Address:**

175 FONTAINEBLEAU BLVD  
2G6A  
MIAMI, FL 33172 US

**FEI Number:** 27-2779724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARCE, ANIER E  
175 FONTAINEBLEAU BLVD., 2G6A  
MIAMI, FL 33172 US

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

ARCE, ANIER E  
175 FONTAINEBLEAU BLVD.  
2G6A  
MIAMI, FL 33172 US

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: YARIAN GARCIA

03/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARCE, ANIER E  
Address: 175 FONTAINEBLEAU BLVD., 2G6A  
City-St-Zip: MIAMI, FL 33172 US

Title: MGRM  
Name: GARCIA, YARIAN  
Address: 5780 NW 113 TER  
City-St-Zip: HIALEAH, FL 33012 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: YARIAN GARCIA

MGRM

03/28/2011

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