2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# L10000072126

Entity Name: SUPERIOR MEDICAL & REHAB CENTER LLC

Current Principal Place of Business:

11911 OAK TRAIL WAY
PORT RICHEY, 34668

New Principal Place of Business:

11911 OAK TRAIL WAY
PORT RICHEY, FL 34668

Current Mailing Address:

11911 OAK TRAIL WAY
PORT RICHEY, 34668

New Mailing Address:

11911 OAK TRAIL WAY
PORT RICHEY, FL 34668

FEI Number: 27-2997607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMIREZ, MANUEL
11911 OAK TRAIL WAY
PORT RICHEY, FL 34668 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: RAMIREZ, MANUEL
Address: 11911 OAK TRAIL WAY
City-St-Zip: PORT RICHEY, FL 34668

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: MANUEL G A RAMIREZ MGRM 02/10/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date