

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094424

**FILED**  
**Mar 18, 2012**  
**Secretary of State**

**Entity Name:** SERENDIPITY REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

3749 D GULF BREEZE PKWY  
#179  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

3749 D GULF BREEZE PKWY  
#179  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 27-3449340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, VICKI W  
6823 FLINTWOOD ST.  
NAVARRE, FL 32566 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:** JONES, VICKI W  
**Address:** 6823 FLINTWOOD ST.  
**City-St-Zip:** NAVARRE, FL 32566 US

**Title:** MGRM  
**Name:** JOHNSON, SARA E  
**Address:** 3749 D GULF BREEZE PKWY #179  
**City-St-Zip:** GULF BREEZE, FL 32563 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:** VICKI W. JONES

MGRM

03/18/2012

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