

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105509

FILED
Mar 15, 2011
Secretary of State

Entity Name: RIZO'S REHAB CENTER, LLC

Current Principal Place of Business:

7219 BENJAMIN ROAD
TAMPA, FL 33634

New Principal Place of Business:

7219 BENJAMIN ROAD
SUITE C
TAMPA, FL 33634

Current Mailing Address:

7219 BENJAMIN ROAD
TAMPA, FL 33634

New Mailing Address:

PO BOX 152644
TAMPA, FL 33684

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZO, YALILI
7219 BENJAMIN ROAD
TAMPA, FL 33634 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: RIZO, YALILI
Address: 7219 BENJAMIN ROAD
City-St-Zip: TAMPA, FL 33634

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: YALILI RIZO

OWNE

03/15/2011

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