

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109157

FILED  
Jan 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

8023 SW 86TH WAY  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

8023 SW 86TH WAY  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

FEI Number: 27-3771030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ASTRERO, JACQUELINE L PT, DPT  
8023 SW 86TH WAY  
GAINESVILLE, FL 32608 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: MGR  
Name: ASTRERO, JACQUELINE L PT, DPT  
Address: 8023 SW 86TH WAY  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM  
Name: ESPLANA, MYRA J RN  
Address: 8023 SW 86TH WAY  
City-St-Zip: GAINESVILLE, FL 32608 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: JACQUELINE L. ASTRERO

MGR

01/09/2011

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