

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000049625

**Entity Name:** CARE FORCE REHAB LLC

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8365 SW 152ND AVE  
C-210  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

8365 SW 152ND AVE  
C-210  
MIAMI, FL 33193

**New Mailing Address:**

18809 SW 24TH STREET  
MIRAMAR, FL 33029

**FEI Number:** 45-2031880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, PIERRE A  
8365 SW 152 AVE  
#C-210  
MIAMI, FL 33193 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: CRUZ, PIERRE A  
Address: 8365 SW 152ND AVE #C-210  
City-St-Zip: MIAMI, FL 33193

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: PIERRE A CRUZ

MGRM

01/19/2012

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