

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000076342

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** TOUCH REHABILITATION CENTER LLC

**Current Principal Place of Business:**

3970 TAMPA ROAD #G  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

3970 TAMPA ROAD #G  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

OSORIO, SADI  
7219 BENJAMIN RD  
SUITE# D1  
TAMPA, FL 33634 US

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

SARDUY, NOEL  
3970 TAMPA RD  
SUITE G  
OLDSMAR, FL 34677 US

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: NOEL SARDUY

04/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SARDUY, NOEL  
Address: 3970 TAMPA RD #G  
City-St-Zip: OLDSMAR, FL 34677

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: NOEL SARDUY

MGR

04/04/2012

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