

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000083771

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** PT & REHAB CENTER, LLC

**Current Principal Place of Business:**

895 SW 86TH COURT  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

895 SW 86TH COURT  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 45-2798320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORENO ACOSTA, ONIX  
895 SW 86TH COURT  
MIAMI, FL 33144 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: MORENO ACOSTA, ONIX  
Address: 895 SW 86TH COURT  
City-St-Zip: MIAMI, FL 33144 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: ONIX MORENO ACOSTA

MGRM

04/06/2012

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