

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000109108

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATION REHAB COALITION, LLC

**Current Principal Place of Business:**

5979 NW 151 STREET  
SUITE 101  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160718  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 45-3591604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FM LAW GROUP, P.A.  
14100 PALMETTO FRONTAGE RD  
SUITE 390  
MIAMI LAKES, FL 33016 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: FERRO, ORLANDO  
Address: 5979 NW 151 STREET, SUITE 101  
City-St-Zip: MIAMI LAKES, FL 33014

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: ORLANDO FERRO

P

04/20/2012

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