

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000118150

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FIRST SOUTHWEST MEDICAL REHAB LLC"

**Current Principal Place of Business:**

3900 BROADWAY AVE  
SUITE D10  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3900 BROADWAY AVE  
SUITE D10  
FT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 45-3604901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IVEY, DAVID H  
1377 D CYPRESS AVE  
MELBOURNE, FL 32935 US

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

IVEY, DAVID H  
1875C SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937 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: DAVID H IVEY II

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: IVEY, DAVID H  
Address: 1875C SOUTH PATRICK DRIVE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: DAVID H IVEY II

OWNE

05/01/2012

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