2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# L11000127115

Entity Name: MEDICAL REHAB WELLNESS CENTER LLC

Current Principal Place of Business:

804 U.S. HIGHWAY 1
SUITE 6
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

804 U.S. HIGHWAY 1
SUITE 6
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 45-3824492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGER, YVROSE
804 U.S. HIGHWAY 1
SUITE 6
LAKE PARK, FL 33403 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: LEGER, YVROSE
Address: 4830 GLADIATOR CIR
City-St-Zip: GREEN ACRES, FL 33461

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 Statues.

SIGNATURE: YVROSE LEGER M 04/23/2012

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