

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90167 019 \*\*\*\*55.00

DOCUMENT # L05000030407  
 1. Entity Name  
 QUALITY QUEST REHAB SERVICES, LLC



20005032



Principal Place of Business: 3211 GLENBROOK AVENUE, SPRING HILL, FL 34608  
 Mailing Address: 20 SOUTH BROAD STREET, BROOKSVILLE, FL 34601

2. Principal Place of Business: 6252 Commercial Way, PMB 203  
 3. Mailing Address: 6252 Commercial Way, PMB 203

City & State: Weeki Wachee, FL  
 Zip: 34613, Country: USA

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2576399  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOGAN LAW FIRM, LLC  
 20 SOUTH BROAD STREET  
 BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent  
 Name: Lianna Riggs  
 Street Address (P.O. Box Number is Not Acceptable): 3211 Glenbrook Ave  
 City: Spring Hill, FL, Zip Code: 34608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lianna Riggs* DATE: 2/2/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
 Due by May 1, 2006

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIGGS, LIANNA 3211 GLENBROOK AVENUE SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANCOOS, WILBERT R 3401 ROSEBAY COURT SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELICENA, MARISOL S 2 JUNGLEPLUM COURT EAST HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOOTE, SCOTT R 8361 COFIELD LANE SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADRID, DIANA L 817 OAK STREET URT INVERNESS, FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Lianna Riggs* DATE: 2/2/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE