

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90214 027 ****55.00

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DOCUMENT # L05000030407

1. Entity Name
 QUALITY QUEST REHAB SERVICES, LLC



Principal Place of Business
 6252 COMMERCIAL WAY
 PMB 203
 BROOKSVILLE, FL 34613

Mailing Address
 6252 COMMERCIAL WAY
 PMB 203
 BROOKSVILLE, FL 34613

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01122007 Chg-LLC CR2E083 (12/06)

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

~~RIGGS, LIANNA~~
~~3211 GLENBROOK AVE~~
~~SPRING HILL, FL 34808~~

7. Name and Address of New Registered Agent

Name Scott Foote
 Street Address (P.O. Box Number is Not Acceptable)
8361 COFIELD LANE
 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 Scott Foote - SCOTT FOOTE, MGRM 3/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIGGS, LIANNA 3211 GLENBROOK AVENUE SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANOOS, WILBERT R 3401 ROSEBAY COURT SPRING HILL, FL 34609 <input type="checkbox"/> Delete
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	MGRM FOOTE, SCOTT R 8361 COFIELD LANE SPRING HILL, FL 34608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADRID, DIANA L 817 OAK STREET URT INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTY L. YACONO 98 South Oak Village Blvd. HOMOSASSA FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK RIGGS 4 TWINBERRY COURT HOMOSASSA FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDGAR JOVELLANOS 4284 ST IVES. BLVD SPRING HILL FL 34609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATRINA KAISER 5380 Berrier Avenue Spring Hill FL 34608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER C. FLORES 7775 MOKENA CT NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERRI A. COOK 12216 Buttonwood Rd. Hudson FL 34667 <input type="checkbox"/> Change <input checked="" 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: Scott Foote - SCOTT FOOTE, MGRM 3/5/07 352-232-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #