

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030407

FILED
Mar 23, 2009
Secretary of State

Entity Name: QUALITY QUEST REHAB SERVICES, LLC

Current Principal Place of Business:

6252 COMMERCIAL WAY
PMB 203
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

6252 COMMERCIAL WAY
PMB 203
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 20-2576399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOOTE, SCOTT
8361 COFIELD LANE
SPRING HILL, FL 34608 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: MGRM () Delete
Name: YACONO, CHRISTY L
Address: 98 SOUTH OAK VILLAGE BLVD.
City-St-Zip: HOMOSASSA, FL 34446

Title: MGRM () Delete
Name: JOVELLANOS, EDGAR
Address: 4284 ST. IVES. BLVD.
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM () Delete
Name: BELICENA, MARISOL S
Address: 2 JUNGLEPLUM COURT EAST
City-St-Zip: HOMOSASSA, FL 34446

Title: MGRM () Delete
Name: FOOTE, SCOTT R
Address: 8361 COFIELD LANE
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM () Delete
Name: KAISER, KATRINA
Address: 6252 COMMERCIAL WAY #203
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGRM (X) Delete
Name: COOKE, JERRI
Address: 6252 COMMERCIAL WAY #203
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COOK, JERRI
Address: 6252 COMMERCIAL WAY #203
City-St-Zip: BROOKSVILLE, FL 34613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SCOTT FOOTE

MGRM

03/23/2009

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