2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059327

Entity Name: HOME REHAB SOLUTIONS OF ST. AUGUSTINE, L.L.C.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1325 FLAGSHIP CT. 965 SALTWATER CIRCLE

ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32080 US

Current Mailing Address: New Mailing Address:

1325 FLAGSHIP CT. PMB 502

ST. AUGUSTINE, FL 32080 1093 A1A BEACH BLVD.

ST. AUGUSTINE, FL 32080 US

FEI Number: 83-0460694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HEMELT, RYAN L HEMELT, RYAN L MGR 1325 FLAGSHIP CT. HEMELT, RYAN L MGR 965 SALTWATER CIRCLE

ST. AUGUSTINE, FL 32080 US ST. AUGUSTINE, FL 32080 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: RYAN HEMELT 04

RYAN HEMELT 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:HEMELT, RYAN LName:HEMELT, RYAN L MGRAddress:1325 FLAGSHIP CT.Address:965 SALTWATER CIRCLECity-St-Zip:ST. AUGUSTINE, FL 32080City-St-Zip:ST. AUGUSTINE, FL 32080

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: RYAN HEMELT MGR 04/30/2007