

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059327

FILED
Jul 17, 2008
Secretary of State

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

Current Principal Place of Business:

965 SALTWATER CIRCLE
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

PMB 502
1093 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 83-0460694 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HEMELT, RYAN L MGR
965 SALTWATER CIRCLE
ST. AUGUSTINE, FL 32080 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 () Delete
Name: HEMELT, RYAN L MGR
Address: 965 SALTWATER CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

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: RYAN HEMELT

DR.

07/17/2008

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