

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059327

**FILED**  
**Jun 19, 2012**  
**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 ( )**

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

I hereby 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

06/19/2012

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