

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031134

Entity Name: ACCESSREHAB, L.L.C.

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

8855 SAN JOSE BLVD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8855 SAN JOSE BLVD  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 26-2411860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMSEY, RICHARD ESQ  
50 NORTH LAURA STREET STE 2700  
JACKSONVILLE, FL 32202 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  
Name: CAGAYAN, BRYAN  
Address: 11522 SUMMER BROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM  
Name: STA MARIA, FERNANDO  
Address: 1097 FLORA PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM  
Name: CO, ERWIN  
Address: 9745 TOUCHTON ROAD #1824  
City-St-Zip: JACKSONVILLE, FL 32092

Title: MGRM  
Name: BUCKINGHAM, CHERYL  
Address: 297 CAROLINA JASSMINE LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM  
Name: BESTOYONG, ARMINDA  
Address: 267 TOPSAIL DRIVE  
City-St-Zip: PONTE VEDRA, FL 32081

Title: MGRM  
Name: YUTUC, GERRY  
Address: 532 WILLOW OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32259

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: BRYAN CAGAYAN

MGRM

02/16/2011

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