

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101697

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** DCW REHAB'S, LLC

**Current Principal Place of Business:**

2672 FREEMAN ROAD  
ALFORD, FL 32420 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 342  
ALFORD, FL 32420 US

**New Mailing Address:**

**FEI Number:** 26-3625297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENKLE, MARGARET R  
6 EAST 4TH STREET  
PANAMA CITY, FL 32401 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: WILSON, CAROL A  
Address: 2672 FREEMAN ROAD  
City-St-Zip: ALFORD, FL 32420 US

Title: MGRM  
Name: WILSON, DONLEY W  
Address: 2672 FREEMAN ROAD  
City-St-Zip: ALFORD, FL 32420 US

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: CAROL A. WILSON

MGRM

04/21/2012

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