

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022402

FILED
Jul 11, 2008
Secretary of State

Entity Name: AA HEALTH QUEST MEDICAL REHAB CENTERS LLC

Current Principal Place of Business:

1001 N FEDERAL HIGHWAY
UNIT 101-102
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

1001 N FEDERAL HIGHWAY
UNIT 237
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

P.O. BOX 801108
MIAMI, FL 332801108 US

New Mailing Address:

FEI Number: 02-0641146 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:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FL
MIAMI, FL 33145 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: FLORES, B
Address: PO BOX 8011108
City-St-Zip: MIAMI, FL 332801108 US

Title: MGR () Delete
Name: WHITNEY, R
Address: PO BOX 801108
City-St-Zip: MIAMI, FL 332801108

Title: MGRM () Delete
Name: ROBINSON, WM B
Address: PO BOX 801108
City-St-Zip: MIAMI, FL 332801108 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: GMGR (X) Change () Addition
Name: FLORES, B
Address: PO BOX 8011108
City-St-Zip: MIAMI, FL 332801108 US

Title: GMGR (X) Change () Addition
Name: WHITNEY, ROBERT
Address: PO BOX 801108
City-St-Zip: MIAMI, FL 332801108

Title: GMGR (X) Change () Addition
Name: ROBINSON, WM B
Address: PO BOX 801108
City-St-Zip: MIAMI, FL 332801108

Title: LMP () Change (X) Addition
Name: KERN, CHARLES
Address: PO BOX 801108
City-St-Zip: MIAMI, FL 332801108 US

Title: LMP () Change (X) Addition
Name: GREENWOOD, G G
Address: PO BOX 801108
City-St-Zip: MIAMI, FL 33280

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: B A FLORES

GMGR

07/11/2008

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