2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

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Entity Name: AA HEALTH QUEST MEDICAL REHAB CENTERS LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1001 N FEDERAL HIGHWAY
UNIT 246
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

P.O. BOX 801108
MIAMI, FL 332801108 US

New Mailing Address:

P.O. BOX 80-0217
MIAMI, FL 332800217 US

FEI Number: 02-0641146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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: B FLORES ARR GM 04/29/2009

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