

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022402

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** AA HEALTH QUEST MEDICAL REHAB CENTERS LLC

**Current Principal Place of Business:**

303 N BRADLEY  
UNIT B  
INDY, FL 46201 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
**Name:** WHITNEY, M  
**Address:** PO BOX 8011108  
**City-St-Zip:** MIAMI, FL 332801108 US

**Title:** GMGR  
**Name:** WHITNEY, R J  
**Address:** PO BOX 801108  
**City-St-Zip:** MIAMI, FL 332801108

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:** R WHITNEY

GMR

04/11/2011

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