

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049373

**Entity Name:** JBM REHABS, LLC

**Current Principal Place of Business:**

1043 BIG PINE KEY  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

PO BOX 330682  
ATLANTIC BEACH, FL 32233-0682

**FEI Number:** 27-2489637

**Certificate of Status Desired:** No

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

DIPIETRO, JOHN  
1043 BIG PINE KEY  
ATLANTIC BEACH, FL 32233 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name DIPIETRO, JOHN  
Address 1043 BIG PINE KEY  
City-State-Zip: ATLANTIC BEACH FL 32233

Title MGR  
Name MILLER, EDWIN B  
Address 411 WALNUT ST #874  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title MGRM  
Name EQUITY TRUST FBO CHERI PRIDEAUX  
Address 10TH ST.  
City-State-Zip: ATLANTIC BEACH FL 32233

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWIN B MILLER

MGR/MBR

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date