2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0400000111

Name:

Address:

City-St-Zip:

ONG, ISABELLE

KISSIMMEE, FL 34744

750 OFFICE PLAZA BLVD. STE 305

Entity Name: OMNI REHAB SERVICES, L.L.L.P.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
750 OFFICE PLAZA BLVD. SUITE 305 KISSIMMEE, FL 34744				
KIOOIIVIIVIEI	=, FL 34/44			
Current Mailing Address:			New Mailing Address:	
750 OFFICE PLAZA BLVD. SUITE 305 KISSIMMEE, FL 34744				
FEI Number:	81-0641046	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
750 OFFIC SUITE 305	A, PRECIOSO E PLAZA BLVI E, FL 34744 L			
The above in the State	named entity s of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both
SIGNATUR	RE:			
Electronic Signature of Registered Ager			gent	Date
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip: Document #: Name:	TIMONERA, PR 2825 MIDDLETO KISSIMMEE, FL ONG. JOVEL RA	DN CIR. . 34743	Address: City-St-Zip:	
Address: City-St-Zip: Document #:	,	AZA BLVD. STE 305	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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: PRECIOSO TIMONERA GP 04/29/2007