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DOCUMENT #		L00000009906		01 AUG 10 PM 12:17	
1. Entity Name		FLORIDA REHABILITATION SERVICES, LLC		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business		Mailing Address		 DO NOT WRITE IN THIS SPACE	
205 WEST WACKER DRIVE, SUITE 1950 CHICAGO IL 60606		205 WEST WACKER DRIVE, SUITE 1950 CHICAGO IL 60606			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		180 N. LaSalle Street Suite, Apt. #, etc. Suite 2210			
City & State		City & State		4. FEI Number	
Chicago, Illinois		Chicago, Illinois		36-4385516	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
60601		Cook			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001		200004534582--2 -08/14/01--01092--001 *****55.00 *****55.00	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	Accelerated Health Systems, LLC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	LLC	
STREET ADDRESS			STREET ADDRESS	205 W. Wacker Drive, Suite 1950	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago, IL 60606	MCLD
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (5)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 partnership; and that I am not a partner or owner in this same partnership or other LLP, Florida Statutes.