

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009906

FILED
Aug 23, 2004
Secretary of State

Entity Name: FLORIDA REHABILITATION SERVICES, LLC

Current Principal Place of Business:

205 WEST WACKER DRIVE, SUITE 820
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

205 WEST WACKER DRIVE, SUITE 820
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4385516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: ACCELERATED HEALTH S, YSTEMS, LLC
Address: 205 WEST WACKER DRIVE, SUITE 1950
City-St-Zip: CHICAGO, IL 60606

Title: MGRM (X) Delete
Name: ACCELERATED HEALTH S, YSTEMS OF FLOR I DA, LLC
Address: 205 W. WACKER DR. SUITE 820
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RANDOLPH P FRIESER

MR.

08/23/2004

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