

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009906

**FILED**  
**Jan 07, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

10894 CANYON BAY LANE  
BOYNTON BEACH, FL 334374849

**New Principal Place of Business:**

10894 CANYON BAY LANE  
BOYNTON BEACH, FL 33473

**Current Mailing Address:**

10894 CANYON BAY LANE  
BOYNTON BEACH, FL 334374849

**New Mailing Address:**

10894 CANYON BAY LANE  
BOYNTON BEACH, FL 33473

FEI Number: 36-4385516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLERA, THOMAS  
10894 CANYON BAY LANE  
BOYNTON BEACH, FL 334374849 US

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

BOLERA, THOMAS  
10894 CANYON BAY LANE  
BOYNTON BEACH, FL 33473 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: \_\_\_\_\_

01/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ACCELERATED HEALTH S, YSTEMS OF FLOR I DA, LLC  
Address: 10894 CANYON BAY LANE  
City-St-Zip: BOYNTON BEACH, FL 334374849

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ACCELERATED HEALTH S, YSTEMS OF FLOR I DA, LLC  
Address: 10894 CANYON BAY LANE  
City-St-Zip: BOYNTON BEACH, FL 33473

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 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: THOMAS BOLERA

MGRM

01/07/2008

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