2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# L00000009906

Entity Name: FLORIDA REHABILITATION SERVICES, LLC

Current Principal Place of Business:

231 WALTON STREET, SUITE 200
SYRACUSE, NY 13202

New Principal Place of Business:

17380 ALT A1A
SUITE 305
JUPITER, FL 33477

Current Mailing Address:

231 WALTON STREET, SUITE 200
SYRACUSE, NY 13202

New Mailing Address:

FEI Number: 36-4385516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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/MANAGERS:

Title: MGRM
Name: ACCELERATED HEALTH SYSTEMS OF FLORIDA, LLC
Address: 231 WALTON STREET, SUITE 200
City-St-Zip: SYRACUSE, NY 13202

Title: MGR
Name: GENECCO, TIMOTHY
Address: 17380 ALT A1A, SUITE 305
City-St-Zip: JUPITER, FL 33477

I hereby 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 Statues.

SIGNATURE: TIMOTHY GENECCO MGR 06/17/2010

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