

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010352

Entity Name: REHAB.COM, L.L.C.

FILED  
Mar 16, 2009  
Secretary of State

## Current Principal Place of Business:

2140 NE 36TH AVENUE  
BLDG 300  
OCALA, FL 34470

## New Principal Place of Business:

1190 S.E. 17TH STREET  
OCALA, FL 34471

## Current Mailing Address:

2140 NE 36TH AVENUE  
BLDG 300  
OCALA, FL 34470

## New Mailing Address:

1190 S. E. 17TH STREET  
OCALA, FL 34471

FEI Number: 59-3667031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHUTES, RICHARD W  
2140 NE 36TH AVENUE  
BLDG 300  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

SHUTES, RICHARD W  
1190 S.E. 17TH STREET  
OCALA, FL 34471 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:

03/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SHUTES, RICHARD W  
Address: 2584 NEWFOUND HARBOR DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Delete  
Name: BENZ, LAURENCE N  
Address: 15211 CHAMPION LAKES PLACE  
City-St-Zip: LOUISVILLE, KY 40245

## 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 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: DEBBIE TAYLOR

ASST

03/16/2009

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