

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022402

FILED  
Feb 07, 2007  
Secretary of State

Entity Name: AA HEALTH QUEST MEDICAL REHAB CENTERS LLC

**Current Principal Place of Business:**

20381 NE 30TH AVENUE #110  
MIAMI, FL 33180 US

**New Principal Place of Business:**

1001 N FEDERAL HIGHWAY  
UNIT 101-102  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

P.O. BOX 800247  
MIAMI, FL 332800240 US

**New Mailing Address:**

P.O. BOX 801108  
MIAMI, FL 332801108 US

FEI Number: 02-0641146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET 4TH FL  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: FLORES, B  
Address: PO BOX 800247  
City-St-Zip: MIAMI, FL 332800247 US

Title: MGR ( ) Delete  
Name: WHITNEY, R  
Address: PO BOX 800247  
City-St-Zip: MIAMI, FL 33280

Title: MGRM ( ) Delete  
Name: ROBINSON, WM B  
Address: 20381 NE 30TH AVENUE #110  
City-St-Zip: MIAMI, FL 33180 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLORES, B  
Address: PO BOX 801108  
City-St-Zip: MIAMI, FL 332801108 US

Title: MGR (X) Change ( ) Addition  
Name: WHITNEY, R  
Address: PO BOX 801108  
City-St-Zip: MIAMI, FL 332801108

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, WM B  
Address: PO BOX 801108  
City-St-Zip: MIAMI, FL 332801108 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WM B ROBINSON

G MR

02/07/2007

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