2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

5/(

DOCUMENT # L03000037294

1. Entity Name

ALL WAYS ACCESSIBLE REHAB, LLC

Principal Place of Business	Mailing Address
4898 LAKE JULIANA RESERVE AUBURNDALE FL 33823	4898 LAKE JULIANA RESERVE AUBURNDALE FL 33823

2. Principal Place of Business
1460 SE 6th Street

Suite, Apt. #. etc.

City & State: Winter Haven FL

Zip: 33880   Country: USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

34006960

MOORE   CR2E083 (11/03)

4. FEI Number: 20-0309684   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALLOCK, DAVID D JR ONE LAKE MORTON DRIVE LAKELAND FL 33801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _William Vanderpool_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4-29-04

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Manager William Vanderpool 4898 Lake Juliana Reserve Auburndale Fl 33823	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _William Vanderpool_   863 295-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #