

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000044009

Entity Name: REHAB ASSOCIATES, LLC

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

5317 GULF DRIVE
HOLMES BEACH, FL 34217

New Principal Place of Business:

9908 GULF DRIVE
ANNA MARIA, FL 34216

Current Mailing Address:

5317 GULF DRIVE
HOLMES BEACH, FL 34217

New Mailing Address:

P.O. BOX 669
ANNA MARIA, FL 34216

FEI Number: 20-0390154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BELSITO, JOHN
8015 MARINA ISLE LANE
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

LEVANDUSKI, LEE C
11014 4TH AVE EAST
BRADENTON, FL 34212 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: LEE C LEVANDUSKI

10/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVANDUSKI, LEE C
Address: 11014 4TH AVE EAST
City-St-Zip: BRADENTON, FL 34212

Title: MGRM (X) Delete
Name: BELSITO, JOHN F
Address: 8015 MARINA ISLE LANE
City-St-Zip: HOLMES BEACH, FL 34217

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 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: CYNTHIA L MAY

RN

10/05/2006

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