

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044009

Entity Name: REHAB ASSOCIATES, LLC

FILED  
Jan 26, 2007  
Secretary of State

**Current Principal Place of Business:**

9908 GULF DRIVE  
ANNA MARIA, FL 34216

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 669  
ANNA MARIA, FL 34216

**New Mailing Address:**

FEI Number: 20-0390154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

FERGUSON, JEANNE A  
9908 GULF DRIVE  
ANNA MARIA, FL 34216 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: JEANNE A. FERGUSON

01/26/2007

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ACUTE CARE TEAM, INC, .  
Address: PO BOX 669  
City-St-Zip: ANNA MARIA, FL 34216

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: JEANNE A. FERGUSON

MGRM

01/26/2007

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