

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000044009

Entity Name: REHAB ASSOCIATES, LLC

FILED
Oct 08, 2009
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 ()
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:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERGUSON, JEANNE
Address: 9908 GULF DR
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM () Delete
Name: WOOD, NANCY
Address: 9908 GULF DR
City-St-Zip: ANNA MARIA, FL 34216

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: JEANNE A FERGUSON

PRES

10/08/2009

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