2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# L04000010349

Entity Name: ASSOCIATES REHAB SOUTH, LLC

Current Principal Place of Business:

770 PONCE DE LEON BLVD, STE 200
MIAMI, FL 33134

New Principal Place of Business:

770 PONCE DE LEON BLVD.
SUITE 308
MIAMI, FL 33134

Current Mailing Address:

770 PONCE DE LEON BLVD, STE 200
MIAMI, FL 33134

New Mailing Address:

770 PONCE DE LEON BLVD.
SUITE 308
MIAMI, FL 33134

FEI Number: 20-0685385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

RAMOS, JUAN CARLOS
770 PONCE DE LEON BLVD, STE 200
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

RAMOS, JUAN C PRES.
770 PONCE DE LEON BLVD.
SUITE 308
MIAMI, FL 33134 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: JUAN CARLOS RAMOS 07/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RAMOS, JUAN CARLOS
Address: 770 PONCE DE LEON BLVD, STE 200
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RAMOS, JUAN C
Address: 770 PONCE DE LEON BLVD., SUITE 308
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN CARLOS RAMOS PRES 07/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date