2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-14-2006 90123 008 ****50.00

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1. Entity Name
ASSOCIATES REHAB SOUTH, LLC

Principal Place of Business	Mailing Address
1990 OPA-LOCKA BOULEVARD OPA-LOCKA, FL 33054	1990 OPA-LOCKA BOULEVARD OPA-LOCKA, FL 33054

08092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1990 Opa Locka Blvd		1990 Opa Locka Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Opa Locka, FL		City & State: Opa Locka, FL	
Zip: 33054	Country: USA	Zip: 33054	Country: USA.

4. FEI Number: 20-0685385 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ-LIMA, GUILLERMINA
1990 OPA-LOCKA BOULEVARD
OPA-LOCKA, FL 33054

7. Name and Address of New Registered Agent

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 X G. Lopez Lima 8/21/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ-LIMA, GUILLERMINA 1990 OPA-LOCKA BOULEVARD OPA-LOCKA, FL 33054	☐ 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 exemptions contained in Chapter 119, 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: X G. Lopez Lima 8/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #