

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000010349

FILED
Sep 27, 2006
Secretary of State**Entity Name:** ASSOCIATES REHAB SOUTH, LLC**Current Principal Place of Business:**1990 OPA-LOCKA BOULEVARD
OPA-LOCKA, FL 33054**New Principal Place of Business:**5190 NW 167 TH ST
SUITE 302
MIAMI GARDENS, FL 33014**Current Mailing Address:**1990 OPA-LOCKA BOULEVARD
OPA-LOCKA, FL 33054**New Mailing Address:**5190 NW 167TH ST
SUITE 302
MIAMI GARDENS, FL 33014**FEI Number:** 20-0685385**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOPEZ-LIMA, GUILLERMINA
1990 OPA-LOCKA BOULEVARD
OPA-LOCKA, FL 33054 US**Name and Address of New Registered Agent:**VALDES, OTTO
5190 NW 167TH ST
MIAMI GARDENS, FL 33014 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: OTTO VALDES

09/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: LOPEZ-LIMA, GUILLERMINA
Address: 1990 OPA-LOCKA BOULEVARD
City-St-Zip: OPA-LOCKA, FL 33054**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: VALDES, OTTO
Address: 5190 NW 167TH ST
City-St-Zip: MIAMI GARDENS, FL 33014

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: OTTO VALDES

MGRM

09/27/2006

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