2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014699

2723 NE 24TH PL

City-St-Zip: OCALA, FL 34470

Address:

Entity Name: FLORIDA REHABILITATION SPECIALIST, LLC

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	D DIXIE HIGH\ E, FL 32159	WAY			
Current Mailing Address:			New Mailing Address:		
	D DIXIE HIGH E, FL 32159	WAY			
FEI Number	: 20-0789201	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
OCALA, F	named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both	
	Electror	nic Signature of Registered Ag	gent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM (FIGUERAS, SC 4084 NE 15 CC OCALA, FL 34	DURT ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (DELAROSA, FO 2623 NE 26TH OCALA, FL 34	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM (Delete IO RPT	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ARTEMIO M. DINAL MGRM 04/04/2008