2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2005
Secretary of State

DOCUMENT# L04000041427

Entity Name: HOME REHAB SOLUTIONS LLC

Current Principal Place of Business:

864 BLAIRMONT LANE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

864 BLAIRMONT LANE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

INDA, JAMES
864 BLAIRMONT LANE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	INDA, JAMES	
Address:	864 BLAIRMONT LANE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	MGRM	( ) Delete
Name:	YAO, SEAN	
Address:	1156 LADY SUSAN DR.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	MGRM	( ) Delete
Name:	LANUSSE, PAUL	
Address:	4133 CUMMINGS ST.	
City-St-Zip:	ORLANDO, FL 32828	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JAMES INDA MGRM 08/14/2005

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