

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041427

FILED
Apr 17, 2007
Secretary of State

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:

PO BOX 953818
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 06-1726904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDA, JAMES J
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 J
Address: 864 BLAIRMONT LANE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: LANUSSE, PAUL R
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:

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: JAMES INDA

MGRM

04/17/2007

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