2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# L04000050888

Entity Name: REHAB FRONTIER, LLC

Current Principal Place of Business:

2027 STATE ROAD 60 EAST
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

PO BOX 1168
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 20-1197680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWE, GARY D
6817 SOUTHPOINT PARKWAY
SUITE 601
JACKSONVILLE, FL 32216 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
Name: LIWANAG, LOWELL S
Address: 2027 STATE ROAD 60 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM
Name: PENNINGTON, KEVIN
Address: 9310 APISON PKE, UNIT 4
City-St-Zip: OOLTEWAH, TN 37363

I hereby 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 Statues.

SIGNATURE: LOWELL S. LIWANAG MGRM 01/05/2010

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