

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059189

FILED
Jul 21, 2007
Secretary of State

Entity Name: RIO'S REHAB CENTER, L.L.C.

Current Principal Place of Business:

11 S. MELBOURNE STREET
BEVERLY HILLS, FL 34465

New Principal Place of Business:

11 S. MELBOURNE STREET
BEVERLY HILLS, FL 34465 US

Current Mailing Address:

P.O. BOX 252
LECANTO, FL 34460

New Mailing Address:

P.O. BOX 252
LECANTO, FL 34460 US

FEI Number: 20-1525949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LUMAPAS, GAYTHEE A
11 S. MELBOURNE STREET
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

LUMAPAS, GAYTHEE A
1405 N. CARNEY AVE.
LECANTO, FL 34461 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: _____

07/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUMAPAS, FABIAN
Address: 1405 N. CARNEY AVE.
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GAYTHEE LUMAPAS, OTR

MRS.

07/21/2007

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