

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061493

1. Entity Name
HEALTH CONNECTIONS REHAB SERVICES, LLC



Principal Place of Business
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32301-1805

Mailing Address
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32301-1805

FILED
2006 MAR 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-1548818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1805

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MITCHELL, JOSEPH D
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 323083700

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200068871432
03/29/06--01008--022 **50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/12/06

Date

Daytime Phone #

850-886-2522

MEMBER