

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000061493 1. Entity Name HEALTH CONNECTIONS REHAB SERVICES, LLC	
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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
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FILED
07 MAR 20 AM 9: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

01302007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1548818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, JOSEPH D 2851 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 323083700
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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: C. Farmer, C.B. FARMER Secy 2/26/07 850-386-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #