

2008 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
08 MAR 25 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152008 No Chg-LLC

CR2E083 (12/07)

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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

Handwritten signature

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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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03/25/08--01036--005 **138.75

**DO NOT WRITE
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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. G. Farmer* **C. G. FARMER - Sec** *3/24/08* **850-386-2522**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #