2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# L04000061493

Entity Name: HEALTH CONNECTIONS REHAB SERVICES, LLC

Current Principal Place of Business:

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 323011805

New Principal Place of Business:

Current Mailing Address:

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 323011805

New Mailing Address:

FEI Number: 20-1548818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: MGR ( ) Delete
Name: MITCHELL, JOSEPH D
Address: 2851 REMINGTON GREEN CIRCLE, SUITE A
City-St-Zip: TALLAHASSEE, FL 323083700

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: FARMER, C. GUY
Address: 2851 REMINGTON GREEN CIRCLE, SUITE A
City-St-Zip: TALLAHASSEE, FL 323083700

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: C. GUY FARMER MGR 03/18/2009

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