2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2010
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:

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

Current Mailing Address:

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 323011805

New Mailing Address:

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

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:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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: 03/15/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MITCHELL, JOSEPH D
Address: 2851 REMINGTON GREEN CIRCLE, SUITE A
City-St-Zip: TALLAHASSEE, FL 323083

Title: MGR
Name: FARMER, C. GUY
Address: 2851 REMINGTON GREEN CIRCLE, SUITE A
City-St-Zip: TALLAHASSEE, FL 323083

I hereby 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 Statues.

SIGNATURE: C. GUY FARMER MGR 03/15/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date