# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 09, 2011**
**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 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

**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
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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
Name: MITCHELL, JOSEPH D
Address: 2851 REMINGTON GREEN CIRCLE, SUITE A
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR
Name: FARMER, C. GUY
Address: 2851 REMINGTON GREEN CIRCLE, SUITE A
City-St-Zip: TALLAHASSEE, FL 32308

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 03/09/2011

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