

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061493

FILED
Apr 16, 2012
Secretary of State

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:

2851 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308

Current Mailing Address:

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

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
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: MGRM
Name: HEALTH FINANCIAL MANAGERS, INC.
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 Statutes.

SIGNATURE: C. GUY FARMER

SEC

04/16/2012

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