

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000066001

**FILED**  
**Sep 21, 2006**  
**Secretary of State**

**Entity Name:** PREMIER REHAB MANAGEMENT OF WESTON, LLC

**Current Principal Place of Business:**

2149 NORTH COMMERCE PARKWAY  
WESTON, FL 33326

**New Principal Place of Business:**

REHAB UNIT FORT WALTON BEACH MEDICAL CENTE  
1000 MAR WALT DRIVE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

2149 NORTH COMMERCE PARKWAY  
WESTON, FL 33326

**New Mailing Address:**

P O BOX 242037  
MONTGOMERY, AL 36124

**FEI Number:** 20-1620627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBERTINI, ERIKA  
2149 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

FLETCHER, IVORY  
REHAB UNIT FORT WALTON BEACH MEDICAL CENTE  
1000 MAR WAL DRIVE  
FORT WALTON BEACH, FL 32547 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: IVORY FLETCHER

09/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PREMIERE REHAB MANAG, EMENT, LLC  
Address: 2149 NORTH COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PREMIER REHAB MANAGE, MENT LLC  
Address: REHAB UNIT FORT WALTON BEACH MEDICAL CENTE  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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: PREMIER REHAB MANAGEMENT LLC

MGR

09/21/2006

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