


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90094 019 \*\*\*\*50.00

<b>DOCUMENT # L04000066001</b> 1. Entity Name PREMIER REHAB MANAGEMENT OF WESTON, LLC	
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Principal Place of Business REHAB UNIT FORT WALTON BEACH MEDICAL CENTE 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	Mailing Address P O BOX 242037 MONTGOMERY, AL 36124
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**DO NOT WRITE IN THIS SPACE**



01312007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1620627	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FLETCHER, IVORY REHAB UNIT FORT WALTON BEACH MEDICAL CENTE 1000 MAR WAL DRIVE FORT WALTON BEACH, FL 32547
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREMIER REHAB MANAGEMENT LLC REHAB UNIT FORT WALTON BEACH MEDICAL CENTE FORT WALTON BEACH, FL 32547
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Jean M. Hurst, Controller **1-31-07** **334-396-2110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #