

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066001

FILED
Sep 03, 2008
Secretary of State

Entity Name: PREMIER REHAB MANAGEMENT OF WESTON, LLC

Current Principal Place of Business:

REHAB UNIT FT. WALTON BEACH MEDICAL CTR
1000 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

P O BOX 242037
MONTGOMERY, AL 36124

New Mailing Address:

FEI Number: 20-1620627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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 () Delete
Name: PREMIER REHAB MANAGE, MENT LLC
Address: REHAB UNIT FORT WALTON BEACH MEDICAL CENTE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DALE YAKE

CEO

09/03/2008

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