

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066001

FILED  
Apr 21, 2009  
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:**

FLETCHER, IVORY  
REHAB UNIT FORT WALTON BEACH MEDICAL CENTE  
1000 MAR WALT 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:

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: BARNES, ROCKY PRESIDE  
Address: PO BOX 242037  
City-St-Zip: MONTGOMERY, AL 36124 US

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: ROCKY BARNES

MGR

04/21/2009

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