

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070603

Entity Name: REHAB ADVANTAGE, LLC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

11120 S. CROWN WAY
SUITE 8
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11120 S. CROWN WAY
SUITE 8
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 80-0124045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORTON, JAMES A JR
901 N. OLIVE AVENUE
WEST PALM BEACH, FL FL 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 () Delete
Name: SMITH, EDMUND
Address: 11120 S. CROWN WAY, SUITE 8
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Delete
Name: ASHI, SIMON
Address: 59 LEGACY COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (X) Delete
Name: CHEATHAM, TROY
Address: 1920 S CLUB DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

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

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

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: ED SMITH

MGRM

07/06/2006

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