

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000070603

Entity Name: REHAB ADVANTAGE, LLC

**FILED**  
**Apr 29, 2008**  
**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 ( )

**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:**

SMITH, EDMUND R  
11120 S. CROWN WAY  
SUITE 8  
WEST PALM BEACH, FL FL 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: EDMUND R SMITH

04/29/2008

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

**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: EDMUND R SMITH

MGRM

04/29/2008

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