
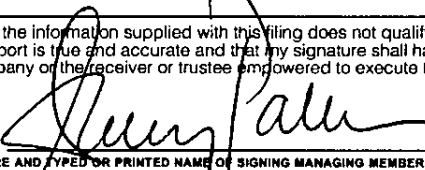


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000074685 1. Entity Name REHAB CONSULTING PLUS, LLC					
Principal Place of Business 1091 KELTON AVENUE OCOE, FL 34761			Mailing Address 1091 KELTON AVENUE OCOE, FL 34761		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYLES, WILLIAM A 301 E. PINE STREET STE. 1400 ORLANDO, FL 32801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOVEY, PATTI 805 GROVESMERE LOOP OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PARKER, SHELBY 451 SPANISH WELLS CT WINTER GARDEN, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> U00000675805 03/30/07-80034-017 50.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HELSEL, JOHN 900 IMPERIAL GOLF COURSE NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  SHELBY PARKER 2/8/07 407-420-2090					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-1813385** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**