

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
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**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1813385

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOYLES, WILLIAM A
301 E. PINE STREET STE. 1400
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	HOVEY, PATTI
STREET ADDRESS	805 GROVESMERE LOOP
CITY-ST-ZIP	OCOE, FL 34761
TITLE	PT
NAME	PARKER, SHELBY
STREET ADDRESS	451 SPANISH WELLS CT
CITY-ST-ZIP	WINTER GARDEN, FL 34761
TITLE	VS
NAME	HELSEL, JOHN
STREET ADDRESS	900 IMPERIAL GOLF COURSE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000798411
01/29/08-80033-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Larry Allen *SHELBY PARKER* 1/14/08 407-420-2090