

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074685

FILED
Apr 26, 2010
Secretary of State

Entity Name: REHAB CONSULTING PLUS, LLC

Current Principal Place of Business:

2005 IMPERIAL DR EAST
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

2005 IMPERIAL DR EAST
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-1813385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 E. PINE STREET STE. 1400
ORLANDO, FL 32801 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: PD
Name: HELSEL, JOHN
Address: 2005 IMPERIAL DR EAST
City-St-Zip: NAPLES, FL 34110

Title: VPD
Name: PETSPOULOS, PAMELA
Address: 9046 MERRIMOOR BLVD
City-St-Zip: LARGO, FL 33377

I hereby 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: JOHN HELSEL

PD

04/26/2010

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