

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074685

**FILED**  
**Apr 19, 2011**  
**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:**

1876 TRADE CENTER WAY  
NAPLES, FL 34109

**Current Mailing Address:**

2005 IMPERIAL DR EAST  
NAPLES, FL 34110

**New Mailing Address:**

1876 TRADE CENTER WAY  
NAPLES, FL 34109

**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:**

HELSEL, JOHN  
1876 TRADE CENTER WAY  
NAPLES, FL 34109 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: JOHN HELSEL

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: HELSEL, JOHN  
Address: 1876 TRADE CENTER WAY  
City-St-Zip: NAPLES, FL 34109

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

04/19/2011

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