

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079943

FILED
Jan 08, 2007
Secretary of State

Entity Name: ALL SOUTHERN CARE REHABILITATION, LLC

Current Principal Place of Business:

660 LINTON BOULEVARD
SUITE 205A
DELRAY BEACH, FL 33444

New Principal Place of Business:

4723 WEST ATLANTIC AVENUE
SUITE # A-19
DELRAY BEACH, FL 33445

Current Mailing Address:

660 LINTON BOULEVARD
SUITE 205A
DELRAY BEACH, FL 33444

New Mailing Address:

4723 WEST ATLANTIC AVENUE
SUITE # A-19
DELRAY BEACH, FL 33445

FEI Number: 26-0099211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBBINS, LAWRENCE
660 LINTON BOULEVARD
SUITE 205A
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

ROBBINS, LAWRENCE
4723 WEST ATLANTIC AVENUE
SUITE # A-19
DELRAY BEACH, FL 33445 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:

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TUCKER, GARY
Address: 660 LINTON BLVD., SUITE 205-A
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: ROBBINS, LAWRENCE
Address: 660 LINTON BLVD., SUITE 205-A
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TUCKER, GARY
Address: 4723 WEST ATLANTIC AVENUE, SUITE # A-19
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (X) Change () Addition
Name: ROBBINS, LAWRENCE
Address: 4723 WEST ATLANTIC AVENUE, SUITE # A-19
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE ROBBINS

MGRM

01/08/2007

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