2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# L04000079943

Entity Name: ALL SOUTHERN CARE REHABILITATION, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-0099211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBBINS, LAWRENCE
4723 WEST ATLANTIC AVENUE
SUITE # A-19
DELRAY BEACH, FL 33445 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: MGRM ( ) Delete
Name: TUCKER, GARY
Address: 4723 WEST ATLANTIC AVENUE, SUITE # A-19
City-St-Zip: DELRAY BEACH, FL 33445

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/22/2008

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