

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082923

FILED
Sep 02, 2005
Secretary of State

Entity Name: REHAB CONSULTANTS OF NORTH CENTRAL FLORIDA, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

10310 NE 29TH AVE.
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 892
ANTHONY, FL 32617

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DONNELLY, KEVIN
10310 NE 29TH AVE.
ANTHONY, FL 32617 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DONNELLY, KEVIN
Address: P.O. BOX 892
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN DONNELLY

MGR

09/02/2005

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