

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087363

FILED
May 06, 2008
Secretary of State

Entity Name: ONENESS MEDICAL & REHAB SERVICES,LLC

Current Principal Place of Business:

1881 WEST OAKLAND PARK BLVD
FORT-LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 5913
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 20-2018603 FEI Number Applied For () 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:

DOUZE, FRANK
1881 WEST OAKLAND PARK BLVD
FORT-LAUDERDALE, FL 33311 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: MGR () Delete
Name: DOUZE, HENRI C
Address: 1881 WEST OAKLAND PARK BLVD
City-St-Zip: FORT-LAUDERDALE, FL 33311 BR

Title: MGRM () Delete
Name: DOUZE, FRANK
Address: 6514 S.W. 8TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068 BR

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: FRANK DOUZE

MGRM

05/06/2008

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