

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040250

Entity Name: REHAB ACCESS, L.L.C.

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

4347 DINNER LAKE BOULEVARD
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

4347 DINNER LAKE BOULEVARD
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 56-2509457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VELMONTE, BENJAMIN V CPA
2183 US HIGHWAY 27 N
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

VELMONTE, BENJAMIN V CPA
3815 RAMIRO ST.
SEBRING, FL 33872 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: BENJAMIN VELMONTE

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: SIGUA, RONEL M
Address: 4347 DINNER LAKE BLVD.
City-St-Zip: LAKE WALES, FL 33859

Title: PT () Delete
Name: JENNIFER, SORIANO H
Address: 1164 LAKE PLACE COURT
City-St-Zip: LAKELAND, FL 33805

Title: PT () Delete
Name: OCAMPO, RACHIELA P
Address: 905 HAMILTON PLACE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: PT () Delete
Name: CRUZ, JOANNA S
Address: 3906 CORTEZ BLVD.
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES:

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

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

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: RONEL SIGUA

PT

03/11/2008

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