

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040250

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

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1961 EAST EDGEWOOD DR., SUITE 101  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

1961 EAST EDGEWOOD DR., SUITE 101  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 56-2509457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELMONTE, BENJAMIN V CPA  
929 HIALEAH DRIVE  
ROCKLEDGE, FL 32955 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: PT  
Name: SIGUA, RONEL M  
Address: 4347 DINNER LAKE BLVD.  
City-St-Zip: LAKE WALES, FL 33859

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

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

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

I hereby 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 M. SIGUA

PT

01/31/2012

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