

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054157

FILED
Jul 17, 2006
Secretary of State

Entity Name: ADVANCE REHAB & HOME HEALTH LLC

Current Principal Place of Business:

1420 WYLIE CT
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

2195 JENKS AVENUE
SUITE A
PANAMA CITY, FL 32405

Current Mailing Address:

1420 WYLIE CT
WESLEY CHAPEL, FL 33543

New Mailing Address:

2195 JENKS AVENUE
SUITE A
PANAMA CITY, FL 32405

FEI Number: 20-2945722 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:

HUSSEIN, MOHAMED
1420 WYLIE CT
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

HUSSEIN, MOHAMED
2195 JENKS AVE
SUITE A
PANAMA CITY, FL 32405 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: MOHAMED HUSSEIN

07/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUSSEIN, MOHAMED
Address: 1420 WYLIE CT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: HUSSEIN, MAGDA
Address: 1420 WYLIE CT
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUSSEIN, MOHAMED
Address: 2195 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM (X) Change () Addition
Name: HUSAIN, MAGDA
Address: 1420 WYLIE CT
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the 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: MOHAMED HUSSEIN

PRES

07/17/2006

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