

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054157

**FILED  
Jan 08, 2012  
Secretary of State**

**Entity Name:** ADVANCE REHAB & HOME HEALTH LLC

**Current Principal Place of Business:**

2316 W. 23RD STREET  
SUITE C  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

2316 W. 23RD STREET  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2316 W. 23RD STREET  
SUITE C  
PANAMA CITY, FL 32405

**New Mailing Address:**

2316 W. 23RD STREET  
PANAMA CITY, FL 32405

FEI Number: 20-2945722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUSSEIN, MOHAMED  
2316 W. 23RD STREET  
SUITE C  
PANAMA CITY, FL 32405 US

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

HUSSEIN, MOHAMED  
2316 W. 23RD STREET  
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:

01/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUSSEIN, MOHAMED  
Address: 2316 W. 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: HUSAIN, MAGDA  
Address: 1510 NEW JERSEY AVE  
City-St-Zip: LYNN HAVEN, FL 32444

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: MOHAMED HUSSEIN

MGR

01/08/2012

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