

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072979

FILED
Apr 27, 2006
Secretary of State

Entity Name: ADVANCE REHAB STAFFING SERVICES LLC

Current Principal Place of Business:

590 N SEMORAN BLVD.
STE 1000
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

590 N SEMORAN BLVD.
STE 1000
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 34-2052378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEVARA, ARISTIDES
3128 CRYSTAL CREEK BLVD.
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

GUEVARA, ARISTIDES
913 ALGARE LOOP
WINDERMERE, FL 34786 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:

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUEVARA, ARISTIDES
Address: 3128 CRYSTAL CREEK BLVD.
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: TIONGCO, ORLANDO
Address: 287 CALLIOPE ST.
City-St-Zip: OCOEE, FL 34761

Title: MGRM () Delete
Name: DIMAUNAHAN, RENATO
Address: 2950 TOHOPEKALIGA DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM () Delete
Name: GOROSPE, JUDITH
Address: 527 ALOKEE CT
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUEVARA, ARISTIDES
Address: 913 ALGARE LOOP
City-St-Zip: WINDERMERE, FL 34786

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

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

Title: MGRM (X) Change () Addition
Name: GOROSPE, SONNY
Address: 527 ALOKEE CT
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Change (X) Addition
Name: SANTOS, ERLINDA
Address: 2426 RIDGEMOOR DR.
City-St-Zip: ORLANDO, FL 32828

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: GUEVARA, ARISTIDES

MGR

04/27/2006

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