

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076085

FILED  
Aug 14, 2006  
Secretary of State

**Entity Name:** QUALITY REHAB SOLUTIONS LLC

**Current Principal Place of Business:**

13926 SANDERSON CIR.  
SANDERSON, FL 32087

**New Principal Place of Business:**

5651 CR 23C  
MACCLENNY, FL 32063

**Current Mailing Address:**

P.O. BOX 208  
SANDERSON, FL 32087

**New Mailing Address:**

5651 CR 23C  
MACCLENNY, FL 32063

FEI Number: 73-1726339      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:**

FLAKOWICZ, STEVEN J  
13926 SANDERSON CIR.  
SANDERSON, FL 32087      US

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

FLAKOWICZ, STEVEN J  
5651 CR 23C  
MACCLENNY, FL 32063      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: STEVEN J. FLAKOWICZ

08/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FLAKOWICZ, STEVEN J  
Address: P.O. BOX 208  
City-St-Zip: SANDERSON, FL 32087

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: FLAKOWICZ, STEVEN J  
Address: 5651 CR 23C  
City-St-Zip: MACCLENNY, FL 32063

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: STEVEN J FLAKOWICZ

MGR

08/14/2006

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