

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000076085

FILED
Oct 11, 2007
Secretary of State

Entity Name: QUALITY REHAB SOLUTIONS LLC

Current Principal Place of Business:

5651 CR 23C
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

5651 CR 23C
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 73-1726339 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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

10/11/2007

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