

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076085

FILED
Jan 17, 2009
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)

Name and Address of Current Registered Agent:

FLAKOWICZ, STEVEN J
5651 CR 23C
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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:

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.

01/17/2009

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