2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096054

1. Entity Name
REHABSOFT OF AMERICA LLC

Principal Place of Business	Mailing Address
236 MERIDIANNA DR TALLAHASSEE, FL 32312	236 MERIDIANNA DR TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

01282007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3810854	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JAIN, SUBHASH
236 MERIDIANNA DR
TALLAHASSEE, FL 32312

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000657317
03/14/07-80063-007 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	JAIN; SUBHASH	
STREET ADDRESS	236 MERIDIANNA DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	MGRM	
NAME	JAIN, SAROJ	
STREET ADDRESS	236 MERIDIANNA DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _(signature)_ (SUBHASH JAIN) 2/25/07 (850)385-1751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #