

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104775

**FILED**  
**Mar 29, 2007**  
**Secretary of State**

**Entity Name:** QUALITY QUEST REHAB SERVICES - FORT MYERS, LLC

**Current Principal Place of Business:**

6252 COMMERCIAL WAY  
PMB 203  
WEEKI WACHEE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

6252 COMMERCIAL WAY  
PMB 203  
WEEKI WACHEE, FL 34613 US

**New Mailing Address:**

**FEI Number:** 20-3704631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THE HOGAN LAW FIRM, LLC  
3211 GLENBROOK AVE  
SPRING HILL, FL 34608 US

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

SCOTT FOOTE  
8361 COFIELD LANE  
SPRING HILL, FL 34608 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:** SCOTT FOOTE

03/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GARAY, ROMAN DAVID K  
**Address:** 5528 BEAUTY STREET  
**City-St-Zip:** LEHIGH ACRES, FL 33971 US

**Title:** MGRM ( ) Delete  
**Name:** QUALITY QUEST REHAB, SERVICES, LLC  
**Address:** 3211 GLENBROOK AVENUE  
**City-St-Zip:** SPRING HILL, FL 34608 US

**ADDITIONS/CHANGES:**

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

**Title:** MGRM (X) Change ( ) Addition  
**Name:** QUALITY QUEST REHAB, SERVICES, LLC  
**Address:** 6252 COMMERCIAL WAY PMB 203  
**City-St-Zip:** WEEKI WACHEE, FL 34613 US

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:** SCOTT FOOTE

MGRM

03/29/2007

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