2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# L06000029609

Entity Name: DIRECT REHAB SERVICES, LLC

Current Principal Place of Business:

10694 PASO FINO DRIVE
WELLINGTON, FL 33467

New Principal Place of Business:

10694 PASO FINO DRIVE
WELLINGTON, FL 33449

Current Mailing Address:

10694 PASO FINO DRIVE
WELLINGTON, FL 33467

New Mailing Address:

10694 PASO FINO DRIVE
WELLINGTON, FL 33449

FEI Number: 20-4200852 **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:

NETBURN, DAVID A ESQ
9734 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: MGRM ( ) Delete
Name: STRUBBE, MARK
Address: 10694 PASO FINO DRIVE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STRUBBE, MARK
Address: 10694 PASO FINO DRIVE
City-St-Zip: WELLINGTON, FL 33449

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: MARK STRUBBE MGRM 07/10/2007

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