

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038078

Entity Name: S & B REHABS, LLC

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

110 RAVENWAY DRIVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 493
SEFFNER, FL 33583

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUKAMM, JOHN B
305 SOUTH BOULEVARD
TAMPA, FL 33606 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: BURMAN, MELISSA E
Address: 110 RAVENWAY DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: BURMAN, MICHAEL J
Address: 110 RAVENWAY DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: MGR () Change (X) Addition
Name: SUTTON, TIMOTHY A
Address: 11130 CHURCH DRIVE
City-St-Zip: RIVERVIEW, FL 33578

Title: MGR () Change (X) Addition
Name: SUTTON, PENNY J
Address: 11130 CHURCH DRIVE
City-St-Zip: RIVERVIEW, FL 33578

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: MELISSA E BURMAN

MGR

03/24/2008

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