

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046373

FILED  
Sep 04, 2007  
Secretary of State

Entity Name: INDEPENDENCE REHAB, LLC

## Current Principal Place of Business:

5241 NICHOLS DRIVE EAST  
LAKELAND, FL 33813

## New Principal Place of Business:

## Current Mailing Address:

5241 NICHOLS DRIVE EAST  
LAKELAND, FL 33813

## New Mailing Address:

5241 NICHOLS DRIVE EAST  
LAKELAND, FL 33812

FEI Number: 20-4724393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

STONE, DEBORAH K  
5241 NICHOLS DRIVE EAST  
LAKELAND, FL 33813      US

## Name and Address of New Registered Agent:

STONE, DEBORAH K  
5241 NICHOLS DRIVE EAST  
LAKELAND, FL 33812      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: \_\_\_\_\_

09/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: STONE, DEBORAH K  
Address: 5241 NICHOLS DRIVE EAST  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: STONE, DEBORAH K  
Address: 5241 NICHOLS DRIVE EAST  
City-St-Zip: LAKELAND, FL 33812

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: DEBORAH K STONE

MGRM

09/04/2007

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