
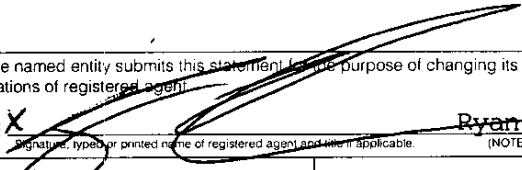
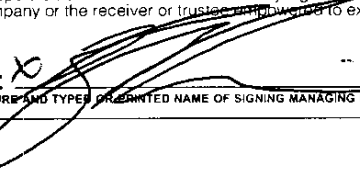


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90286 034 ****50.00

DOCUMENT # L06000059522 1. Entity Name THE REHAB OUTLET TEAM, LLC					
Principal Place of Business 14802 N. DALE MABRY HWY, SUITE 330 TAMPA, FL 33618			Mailing Address 14802 N. DALE MABRY HWY, SUITE 330 TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box # 5706 TPC Blvd.			3. Mailing Address P.O. Box 271992		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Lutz, FL			City & State Tampa, FL		
Zip 33558		Country Hillsborough		Zip 33688	
Country Hillsborough		4. FEI Number 74-3182217			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KHOURI, RYAN 14802 N. DALE MABRY HWY, SUITE 330 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Khour, Ryan Street Address (P.O. Box Number is Not Acceptable) 5706 TPC Blvd. City Lutz, FL Zip Code 33558		
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  Ryan Khouri 5-23-07 <small>(Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME KHOURI, RYAN		TITLE MGR	NAME Khour, Ryan	
STREET ADDRESS 14802 N. DALE MABRY HWY, SUITE 330			STREET ADDRESS 5706 TPC Blvd.		
CITY-ST-ZIP TAMPA, FL 33618			CITY-ST-ZIP Lutz, FL 33558		
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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 and was required to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Ryan Khouri 5-23-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

40118861



05142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
74-3182217 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHOURI, RYAN
14802 N. DALE MABRY HWY, SUITE 330
TAMPA, FL 33618

Name
Khouri, Ryan
Street Address (P.O. Box Number is Not Acceptable)
5706 TPC Blvd.
City
Lutz, FL Zip Code
33558

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.

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

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Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KHOURI, RYAN
14802 N. DALE MABRY HWY, SUITE 330
TAMPA, FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Khouri, Ryan
5706 TPC Blvd.
Lutz, FL 33558 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE:  Ryan Khouri 5-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #