

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000067549

Entity Name: REHAB OASIS, LLC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3206 S. HOPKINS AVE  
19  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

3206 S. HOPKINS AVE  
19  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

FEI Number: 03-0598618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUBBER, WILLIAM CPA  
4840 HONEYRIDGE LANE  
MERRITT ISLAND, FL 32952 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: CEO  
Name: SCHRUMPF, TERRY  
Address: 3206 S. HOPKINS AVE  
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby 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: TERRY SCHRUMPF, MBA

CEO

01/18/2011

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