

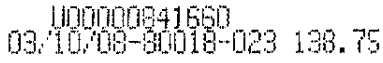
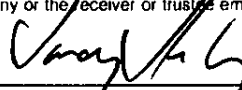


FILED
Feb 27, 2008 08:00 AM
Secretary of State

| | | | |
|--|--|--|--|
| DOCUMENT # L06000072169 1. Entity Name COMPLETE REHAB & WELLNESS, LLC | |  | |
| Principal Place of Business 10201 PORT OF SPAIN STREET COOPER CITY, FL 33026 | | Mailing Address 10201 PORT OF SPAIN STREET COOPER CITY, FL 33026 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 02242008 No Chg-LLC CR2E083 (12/07) | |
| | | 4. FEI Number 33-1141175 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STEINBERG, SANDY 10201 PORT OF SPAIN STREET COOPER CITY, FL 33026 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | |
| B. MANAGING MEMBERS/MANAGERS | |  DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
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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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |
| SIGNATURE:  | | 2/25/08 954 536 6244 | |