

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079266

FILED
Jan 10, 2007
Secretary of State

Entity Name: REHAB THERAPY OUTCOMES, LLC

Current Principal Place of Business:

940 LIVE OAK AVENUE NORTHWEST
ST. PETERSBURG, FL 33703

New Principal Place of Business:

940 LIVE OAK AVENUE NORTHEAST
ST. PETERSBURG, FL 33703

Current Mailing Address:

940 LIVE OAK AVENUE NORTHWEST
ST. PETERSBURG, FL 33703

New Mailing Address:

940 LIVE OAK AVENUE NORTHEAST
ST. PETERSBURG, FL 33703

FEI Number: 22-3940372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: REYNES, JOSELITO C
Address: 940 LIVE OAK AVENUE NORTHWEST
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REYNES, JOSELITO C
Address: 940 LIVE OAK AVENUE NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSELITO C REYNES

MGR

01/10/2007

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