

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079785

Entity Name: REHABIT SOLUTIONS, LLC

FILED  
Aug 06, 2007  
Secretary of State

## Current Principal Place of Business:

16029 N FLORIDA AVE  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

16029 N FLORIDA AVE  
LUTZ, FL 33549

## New Mailing Address:

FEI Number: 02-0785446      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:

DUNDNEY, MADELAINE A  
16029 N FLORIDA AVE  
LUTZ, FL 33549    US

## Name and Address of New Registered Agent:

DUDNEY, MADELAINE A  
16029 N FLORIDA AVE  
LUTZ, FL 33549    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: MADELAINE A. DUDNEY

08/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: DUDNEY, MADELAINE A  
Address: 16029 N FLORIDA AVE  
City-St-Zip: LUTZ, FL 33549

Title: MGRM      ( ) Delete  
Name: DUDNEY, MARC A  
Address: 16029 N FLORIDA AVE  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARC A. DUDNEY

MGRM

08/06/2007

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