

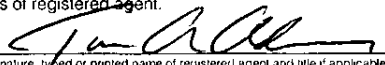
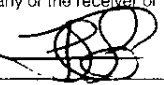


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90036 040 \*\*\*\*50.00

<b>DOCUMENT # L06000083060</b>					
<b>1. Entity Name</b> ADAMS REHAB SOLUTIONS, LLC					
<b>Principal Place of Business</b> 40 AUDUBON LANE FLAGLER BEACH, FL 32136 US			<b>Mailing Address</b> 40 AUDUBON LANE FLAGLER BEACH, FL 32136 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 250 OLD KINGS RD SOUTH		<b>3. Mailing Address</b> 250 OLD KINGS ROAD SOUTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112007 Chg-LLC CR2E083 (12/06)	
<b>City &amp; State</b> FLAGLER BEACH, Florida		<b>City &amp; State</b> FLAGLER BEACH, Florida		<b>4. FEI Number</b> 20-5417149	
<b>Zip</b> 32136		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ADAMS, THOMAS A 40 AUDUBON LANE FLAGLER BEACH, FL 32136			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b> SIGNATURE  DATE 4-14-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>  TREVOR D.O. OXHOLM			Date 4-13-07		Daytime Phone # 386-439-8433