

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093668

FILED
May 01, 2010
Secretary of State

Entity Name: ACCIDENT REHABILITATION CENTER, P.L.

Current Principal Place of Business:

2820 GIBSON ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2820 GIBSON ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 84-1717074 **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:

Name and Address of New Registered Agent:

OUREDNIK, KAREL IV
OUREDNIK LAW OFFICES, P.A.
4925 BEACH BOULEVARD
JACKSONVILLE, FL 32207 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR.
Name: HOFF-SULLIVAN, EMILY D
Address: 2820 GIBSON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 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: EMILY D. HOFF-SULLIVAN, MD

MD

05/01/2010

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