

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022605

FILED
Aug 25, 2009
Secretary of State

Entity Name: AT HOME REHAB CARE, LLC

Current Principal Place of Business:

3967 ROYAL PINES DR.
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

3967 ROYAL PINES DR.
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 38-3752989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARIAS, GIOVANNI L
3967 ROYAL PINES DR.
ORANGE PARK, FL 32065 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: MGRM () Delete
Name: VARIAS, GIOVANNI L
Address: 3967 ROYAL PINES DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM () Delete
Name: VARIAS, KRIS C
Address: 3967 ROYAL PINES DR.
City-St-Zip: ORANGE PARK, FL 32065

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: GIOVANNI VARIAS RPT

CEO

08/25/2009

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