

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031604

FILED
Feb 03, 2010
Secretary of State

Entity Name: TRAVEL REHAB, LLC

Current Principal Place of Business:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 26-1980581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801 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
Name: LIPSON, GARY D
Address: 390 NORTH ORANGE AVE, STE 1500
City-St-Zip: ORLANDO, FL 32801 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: GARY D LIPSON

MGR

02/03/2010

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