2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# L07000031926

Entity Name: REHAB TRAVEL, LLC

Current Principal Place of Business:

% GARY D. LIPSON, ESQ.
390 NORTH ORANGE AVENUE, STE. 1500
ORLANDO, FL 32801

New Principal Place of Business:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

Current Mailing Address:

% GARY D. LIPSON, ESQ.
390 NORTH ORANGE AVENUE, STE. 1500
ORLANDO, FL 32801

New Mailing Address:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

FEI Number: 26-1980780 **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, STE. 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: LIPSON, GARY D
Address: 390 NORTH ORANGE AVENUE, SUITE 1500
City-St-Zip: ORLANDO, FL 32801

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: GARY D LIPSON MGR 02/20/2008

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