

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032930

Entity Name: REHAB DIRECT, LLC

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

470 SPARROW BRANCH CIRCLE
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

470 SPARROW BRANCH CIRCLE
JACKSONVILLE, 32259

New Mailing Address:

470 SPARROW BRANCH CIRCLE
ST. JOHNS, FL 32259

FEI Number: 64-0955057 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:

NOSSE, NOEL N
470 SPARROW BRANCH CIRCLE
ST. JOHNS, FL 32259 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 () Delete
Name: NOSSE, NOEL N
Address: NOEL NOSSE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOSSE, NOEL N MR.
Address: 470 SPARROW BRANCH CIRCLE
City-St-Zip: SAINT JOHNS, FL 32259

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: NOEL NOSSE

MGR

07/14/2008

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