## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000065534

FILED Jan 09, 2009 Secretary of State

Entity Name: REHAB SERVICES OF THE EMERALD COAST, LLC

**New Principal Place of Business: Current Principal Place of Business:** 124 PETERS COURT FREEPORT, FL 32439 US **Current Mailing Address: New Mailing Address:** P. O. BOX 5353 NICEVILLE, FL 32578 US FEI Number: 26-0971609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLAGHER, DUANE 124 PETERS COURT FREEPORT, FL 32439 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GALLAGHER, DUANE Name: Name: Address: 124 PETERS COURT Address: City-St-Zip: FREEPORT, FL 32439 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LAD MANAGEMENT, LLC, Name: Address: 3547 BETTY FORD ROAD Address: City-St-Zip: MURFREESBORO, TN 37130 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCELHENEY, RANDALL A Name: Name: Address: 132 HARRISON AVENUE Address: City-St-Zip: PANAMA CITY, FL 32401 US 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: DUANE GALLAGHER MGRM 01/09/2009