

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065534

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** REHAB SERVICES OF THE EMERALD COAST, LLC

**Current Principal Place of Business:**

124 PETERS COURT  
FREEPORT, FL 32439 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 5353  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 26-0971609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLAGHER, DUANE  
124 PETERS COURT  
FREEPORT, FL 32439 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  
**Name:** GALLAGHER, DUANE  
**Address:** 124 PETERS COURT  
**City-St-Zip:** FREEPORT, FL 32439 US

**Title:** MGRM  
**Name:** MCELHENY, RANDALL A  
**Address:** 132 HARRISON AVENUE  
**City-St-Zip:** PANAMA CITY, FL 32401 US

**Title:** MGRM  
**Name:** LAD MANAGEMENT, LLC  
**Address:** 3547 BETTY FORD ROAD  
**City-St-Zip:** MURFREESBORO, TN 37130

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:** DUANE GALLAGHER

MGRM

02/07/2011

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