

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90034 034 ***143.75

DOCUMENT # L07000065683 1. Entity Name A REHAB SOLUTION, LLC					
Principal Place of Business 2747 BLANDING BLVD., SUITE 102 MIDDLEBURG, FL 32068			Mailing Address 2817 ARAPAHOE AVENUE JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 4495 - 304 ROOSEVELT BLVD		3. Mailing Address FL 32210			
Suite, Apt. #, etc. 227		Suite, Apt. #, etc. 			
City & State JAX		City & State 			
Zip FL		Country US		Zip 32210	
Country 		Country 			
4. FEI Number 04292008			Chg-LLC CR2E083 (12/06)		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PARRISH, BERNEY P 2747 BLANDING BLVD., SUITE 102 MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Berney Parrish</i></u> DATE _____ <small>Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRISH, BERNEY P 2747 BLANDING BLVD., SUITE 102 MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Berney Parrish</i></u>			Date <u>4.29.08</u>		