

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065683

Entity Name: A REHAB SOLUTION, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

4495 304 ROOSEVELT BLVD
227
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

2817 ARAPAHOE AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

4495 304 ROOSEVELT BLVD
227
JACKSONVILLE, FL 32210

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, BERNEY P
2747 BLANDING BLVD., SUITE 102
MIDDLEBURG, FL 32068 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 () Delete
Name: PARRISH, BERNEY P
Address: 4495-304 ROOSEVELT BLVD 227
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
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: BERNEY PARRISH

PRES

04/27/2009

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