

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079262

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** ANDREWS INSTITUTE REHABILITATION, LLC

**Current Principal Place of Business:**

1717 NORTH E ST  
STE 320  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1717 NORTH E ST  
STE 320 - ATTN: MARY MATHEWS  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH E ST  
STE 320 - ATTN: MARY MATHEWS  
PENSACOLA, FL 32501

**New Mailing Address:**

**FEI Number:** 26-1307826      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BEGGS & LANE, RLLP  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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  
**Name:** VERMILLION, KERRY W  
**Address:** 1717 N E ST STE 320  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGR  
**Name:** HARRIMAN, ROBERT H PHD  
**Address:** 1040 GULF BREEZE PKWY STE 201  
**City-St-Zip:** GULF BREEZE, FL 32561

**Title:** MGR  
**Name:** GILLILAND, R. CHAD  
**Address:** 1040 GULF BREEZE PKWY STE 201  
**City-St-Zip:** GULF BREEZE, FL 32561

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: MARY MATHEWS

AS

04/13/2011

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