

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091506

FILED
Apr 30, 2008
Secretary of State

Entity Name: REHAB THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

365 WOOD DOVE AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

7236 STATE RD. 52
SUITE 4
BAYONET POINT, FL 34667

Current Mailing Address:

365 WOOD DOVE AVE.
TARPON SPRINGS, FL 34689

New Mailing Address:

7236 STATE RD. 52
SUITE 4
BAYONET POINT, FL 34667

FEI Number: 26-0840855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, REGINALDO P
365 WOOD DOVE AVE
TARPON SPRINGS, FL 34689 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 () Delete
Name: MORENO, REGINALDO P
Address: 365 WOOD DOVE AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR () Delete
Name: OUANO, MAY A
Address: 8731 MARTINIQUE LANE
City-St-Zip: PORT RITCHEY, FL 34668

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REGINALDO P. MORENO

MGR

04/30/2008

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