2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# L07000091506

Entity Name: REHAB THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-0840855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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 Statues.

SIGNATURE: REGINALDO MORENO PRES 05/03/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date