

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097602

FILED
Jan 06, 2009
Secretary of State

Entity Name: REHAB SERVICES OF PALATKA, LLC

Current Principal Place of Business:

110 KAY LARKIN DRIVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

110 KAY LARKIN DRIVE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 26-1155193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, PATRICIA T
110 KAY LARKIN DRIVE
PALATKA, FL 32177 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: FREEMAN, PATRICIA T
Address: 4487 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033

Title: MGRM () Delete
Name: STRAWN, STEVEN A
Address: 52 RILEY RD #381
City-St-Zip: CELEBRATION, FL 34747

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: PATRICIA T. FREEMAN

MGRM

01/06/2009

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