

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90223 040 ***138.75

DOCUMENT # L07000111206					
1. Entity Name BALANCED REHAB, LLC					
Principal Place of Business 118 ORANGE AVENUE DAYTONA BEACH, FL 32114-4006			Mailing Address 118 ORANGE AVENUE DAYTONA BEACH, FL 32114-4006		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04072008 Chg-LLC CR2E083 (12/06)	
4. FEL Number 83-0498731				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNAOUTIS, ANTONIOS 17 TIFFANY CIRCLE ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name: ANTONIOS ARNAOUTIS Street Address (P.O. Box Number is Not Acceptable): 118 ORANGE AVENUE City: DAYTONA BEACH FL Zip Code: 32104		
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: DATE: 4/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	118 ORANGE AVENUE, ANTONIOS 118 ORANGE AVE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:			Date: 4/10/08 Daytime Phone #		