2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# L07000121356

Entity Name: QUALITY REHAB. CARE, LLC

Current Principal Place of Business:

307 S.W. 191ST TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

307 S.W. 191ST TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 22-3973232 **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: HUNTER, KEVIN A
Address: 307 S.W. 191ST TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR
Name: HUNTER, LAURA A
Address: 307 S.W. 191ST TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ST
Name: HUNTER, KEVIN A
Address: 307 S.W. 191ST TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

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: KEVIN HUNTER MGR 05/01/2010

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