

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117390

FILED
Feb 16, 2011
Secretary of State

Entity Name: SAINT AUGUSTINE REHABILITATION SPECIALISTS LLC

Current Principal Place of Business:

105 MARINER HEALTH WAY, SUITE 213
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

105 MARINER HEALTH WAY, SUITE 213
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 26-4033381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMAGLIO, DAVID
165 SUMMERHILL CIRCLE
SAINT AUGUSTINE, FL 32086 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: LOMAGLIO, DAVID
Address: 165 SUMMERHILL CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

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 Statutes.

SIGNATURE: DAVID LOMAGLIO

MGR

02/16/2011

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