

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000117390

**FILED**  
**Apr 10, 2012**  
**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:**

LOMAGLIO, DAVID  
505 HOOT OWL COURT  
SAINT AUGUSTINE, FL 32080 US

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: DAVID LOMAGLIO

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOMAGLIO, DAVID  
Address: 505 HOOT OWL COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32080 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

MGRM

04/10/2012

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