

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003791

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** REHAB AFTER WORK OF FLORIDA, LLC

**Current Principal Place of Business:**

2310 E ATLANTIC BLVD  
STE 209  
POMPANO, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1440 RUSSELL RD  
PAOLI, PA 193011236

**New Mailing Address:**

1440 RUSSELL RD  
PAOLI, PA 19301

**FEI Number:** 26-3827435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUILBERT, DEJA  
2715 PIENZA CIR  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

GILBERT, DEJA  
2715 PIENZA CIR  
ROYAL PALM BEACH, FL 33411 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: DEJA GILBERT

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REHAB MANAGEMENT, INC.  
Address: 1440 RUSSELL RD  
City-St-Zip: PAOLI, OA 193011236

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: THOMAS WHITEMAN

MGRM

04/05/2010

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