

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003791

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2260 PALM BEACH LAKES BLVD.  
SUITE 212  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1440 RUSSELL RD  
PAOLI, PA 19301

**New Mailing Address:**

**FEI Number:** 26-3827435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILBERT, DEJA  
2715 PIENZA CIR  
ROYAL PALM BEACH, FL 33411 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:** WHITEMAN, THOMAS A DR.  
**Address:** 1005 MILLBROOK ROAD  
**City-St-Zip:** BERWYN, PA 19301

**Title:** MGR  
**Name:** MURRAY, GUY R  
**Address:** 2886 LIMEKLIN PIKE, APT C  
**City-St-Zip:** GLENSIDE, PA 19038

**Title:** MGR  
**Name:** RAYMOND, HARBERT JR.  
**Address:** 2100 3RD AVENUE NORTH, SUITE 600  
**City-St-Zip:** BIRMINGHAM, AL 35203

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

MGR

04/11/2012

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