

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031166

FILED
Sep 03, 2010
Secretary of State

Entity Name: SAXON REHAB MANAGEMENT LLC

Current Principal Place of Business:

12404 COBBLESTONE DR
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

12404 COBBLESTONE DR
HUDSON, FL 34667

New Mailing Address:

FEI Number: 26-4617644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAXON, THOMAS V
12404 COBBLESTONE DR
HUDSON, FL 34667 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: MGRM
Name: SAXON, THOMAS V
Address: 12404 COBBLESTONE DR
City-St-Zip: HUDSON, FL 34667

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: TOM SAXON

MGRM

09/03/2010

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