

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000093043

FILED
Feb 18, 2010
Secretary of State

Entity Name: HEALTH & REHAB CLINIC, LLC

Current Principal Place of Business:

108 WEST 5TH AVENUE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

108 WEST 5TH AVENUE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 00-2799954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, MARLAINE
3909 RESERVE DR
APT 1026
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

RAYMOND, MARLAINE
1728 SUMMER MEADOW PLACE
TALLAHASSEE, FL 3203 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: MARLAINE RAYMOND

02/18/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RAYMOND, MARLAINE
Address: 108 WEST 5TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

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: MARLAINE RAYMOND

MS

02/18/2010

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