2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HR. HEALTHY REHAB, LLC

Current Principal Place of Business:

7339 E. COLONIAL DRIVE
SUITE # 2
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

7339 E. COLONIAL DRIVE
SUITE # 2
ORLANDO, FL 32807

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, FEDERICO SR
7339 E. COLONIAL DRIVE
SUITE # 2
ORLANDO, FL 32807 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: MARTINEZ, FEDERICO SR
Address: 7339 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32807

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 Statues.

SIGNATURE: FEDERICO MARTINEZ MAN 07/07/2011

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