2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# L10000010873

Entity Name: METROWEST REHAB CENTER LLC

Current Principal Place of Business:

2295 S. HIAWASSEE RD
STE 204
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

2295 S. HIAWASSEE RD
STE 204
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 27-1748801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMWAY MEDICAL STAFFING LLC
4630 S. KIRKMAN RD #337
ORLANDO, FL 32811 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: FOUNTAIN, RODNEY E
Address: 2295 S. HIAWASSEE RD
City-St-Zip: ORLANDO, FL 32835

Title: MGR
Name: LETANG, JOEL E
Address: 4630 S KIRKMAN RD - # 337
City-St-Zip: ORLANDO, FL 32811

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: JOEL E. LETANG MGR 04/18/2011

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