

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041964

Entity Name: JOB REHABS, LLC

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1043 BIG PINE KEY  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 330682  
ATLANTIC BEACH, FL 322330682

**New Mailing Address:**

FEI Number: 27-2477740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIPIETRO, JOHN D  
1043 BIG PINE KEY  
ATLANTIC BEACH, FL 32233 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: DIPIETRO, JOHN D  
Address: 1043 BIG PINE KEY  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM  
Name: MILLER, EDWIN B  
Address: 411 WALNUT ST #874  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: EDWIN BERT MILLER

MGRM

02/01/2011

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