

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000006678

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** JRP REHAB LLC

**Current Principal Place of Business:**

429 S. KELLER RD  
SUITE 250  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

429 S. KELLER RD  
SUITE 250  
ORLANDO, FL 32810

**New Mailing Address:**

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

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

ABEX GROUP INC  
429 S. KELLER RD.  
SUITE 250  
ORLANDO, FL 32810 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: D  
Name: BOETCHER, RANDY  
Address: 2081 LAKE MARION DR  
City-St-Zip: APOPKA, FL 32712

Title: P  
Name: BRITZMAN, JOEL  
Address: 492 WINDING CREEK PL.  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: WILLEMSSEN, PATRICK  
Address: 4897 FELLOWS COVE AV  
City-St-Zip: KISSIMMEE, FL 34744

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: JOEL BRITZMAN

○

03/20/2012

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