2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M05000004143

Entity Name: EVERGREEN REHABILITATION, LLC

Current Principal Place of Business:

136 SAINT MATHEWS AVENUE, #300
LOUISVILLE, KY 40207

New Principal Place of Business:

Current Mailing Address:

136 SAINT MATHEWS AVENUE, #300
LOUISVILLE, KY 40207

New Mailing Address:

FEI Number: 61-1361028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEARING, LESLIE A
136 ST . MATTHEWS AVE
SUITE 300
LOUISVILLE, FL 40207 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	( ) Delete
Name:	HOULIHAN, MICHAEL S	
Address:	136 SAINT MATHEWS AVENUE, #300	
City-St-Zip:	LOUISVILLE, KY 40207	
Title:	MGR	( ) Delete
Name:	HALL, DOUGLAS R	
Address:	136 SAINT MATHEWS AVENUE, #300	
City-St-Zip:	LOUISVILLE, KY 40207	
Title:	MGR	( ) Delete
Name:	SCOTT, BRADLEY J	
Address:	136 SAINT MATHEWS AVENUE, #300	
City-St-Zip:	LOUISVILLE, KY 40207	
Title:	MGR	( ) Delete
Name:	LEWIS, JERRY L	
Address:	601 CLEVELAND STREET, SUITE 825	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MGR	( ) Delete
Name:	PAGGEOT, REX A	
Address:	601 CLEVELAND STREET, SUITE 825	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MGR	( ) Delete
Name:	BROWN, WILLIAM	
Address:	P.O. BOX 930	
City-St-Zip:	EL PRADO, NM 87529	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL HOULIHAN CEO 04/29/2009

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