

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000684

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** SALUS REHABILITATION, LLC

**Current Principal Place of Business:**

10210 HIGHLAND MANOR DRIVE, SUITE 280  
TAMPA, FL 33610

**New Principal Place of Business:**

10210 HIGHLAND MANOR DRIVE  
SUITE 290  
TAMPA, FL 33610

**Current Mailing Address:**

10210 HIGHLAND MANOR DRIVE, SUITE 280  
TAMPA, FL 33610

**New Mailing Address:**

10210 HIGHLAND MANOR DRIVE  
SUITE 290  
TAMPA, FL 33610

**FEI Number:** 20-5694037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: GENOA HEALTHCARE GRO, UP, LLC  
Address: 10210 HIGHLAND MANOR DRIVE, SUITE 280  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GENOA HEALTHCARE GRO, UP, LLC  
Address: 10210 HIGHLAND MANOR DRIVE, SUITE 270  
City-St-Zip: TAMPA, FL 33610

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: PATRICK J DUPLANTIS

PCEO

04/30/2008

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