

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M07000000684

FILED
Nov 04, 2008
Secretary of State

Entity Name: SALUS REHABILITATION, LLC

Current Principal Place of Business:

10210 HIGHLAND MANOR DRIVE
SUITE 290
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

10210 HIGHLAND MANOR DRIVE
SUITE 290
TAMPA, FL 33610

New Mailing Address:

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 270
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALUS MANAGEMENT INV, ESTMENT, LLC
Address: 10210 HIGHLAND MANOR DRIVE, SUITE 290
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: CHRISTINE BENNETTS

PCEO

11/04/2008

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