

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001441

FILED
Mar 24, 2009
Secretary of State

Entity Name: AVANTI REHABILITATIVE MANAGEMENT, LLC

Current Principal Place of Business:

339 ARDENWOOD DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

339 ARDENWOOD DRIVE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 04-3788551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAFLAMME, ELIZABETH
339 ARDENWOOD DRIVE
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

LAFLAMME, ELIZABETH
339 ARDENWOOD DRIVE
ENGLEWOOD, FL 34223 US

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: ELIZABETH C LAFLAMME

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAFLAMME, ELIZABETH C
Address: 339 ARDENWOOD DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAFLAMME, ELIZABETH C
Address: 339 ARDENWOOD DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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: ELIZABETH C LAFLAMME

MGR

03/24/2009

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