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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
(P.	siness Entity Name		
(Bu	isiness Endty Name	e)	
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Certified Copies	Certificates	of Status	
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Special Instructions to Filing Officer:			
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C. LEWIS

MAR 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: REHAB THERAPY SOLUTIONS, LLC				
Nam	e of Foreign Limited	Liability Comp	any	
Dear Sir or Madam:				
The enclosed Affidavit by F Managing Member(s) and fe			Change Manager(s) or	
Please return all corresponde	ence concerning this	matter to the fol	lowing:	
STEPHANIE WATKINS				
Name of Person				
RTS,LLC				
Firm/Company				
625 WAL	625 WALTHAM AVE			
A	ddress			
ORLAND	O, FL 32809			
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
STEPHANIE	at (407)	855-1136	
Name of Person		ode and Daytim	e Telephone Number	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33	ns Circle	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
	Filing Fee & S	5.00 Filing Fee & fied Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

FILED

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

2010 MAR -8 PM 2 59
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

The name of the limited liability comp Department of State is: REHA	pany as it appears on the records of the Florida AB THERAPY SPECIALIST, LLC	
2. This entity was formed under the laws	of: DELAWARE	
3. This entity was authorized to transact and its Florida document/registration nun		
4. The name and address of each manage	er or managing member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	THE HOECHST COMPANY 625 WALTHAM AVE ORLANDO, FL 32809	
<u>M</u>	RT\$LT1 625 WALTHAM AVE ORLANDO, FL 32809	
	·	
Required Signature: Signature of Manage	er, Managing Member or Member	

Filing Fee: \$25