

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003156

FILED
Mar 31, 2011
Secretary of State

Entity Name: REHAB THERAPY SPECIALISTS, LLC

Current Principal Place of Business:

625 WALTHAM AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

625 WALTHAM AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 80-0198430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOECHST, JACOB W
625 WALTHAM AVE
ORLANDO, FL 32809 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
Name: THE HOECHST COMPANY
Address: 625 WALTHAM AVE
City-St-Zip: ORLANDO, FL 32809

I hereby 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: JACOB HOECHST

MGR

03/31/2011

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