


**FILE NOW: Fee after May 1, will be \$588.75**

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97 FEB -3 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #M95000000359</b>
REHAB ASSOCIATES SOUTHEAST, L.L.C. <del>1801 PINE ST.</del> <del>STE. 202</del> MONTGOMERY AL <del>36106</del>	

1a. Principal Place of Business Address
1801 PINE ST. <i>New Address</i> STE. 202 MONTGOMERY AL 36106

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		207 Interstate Park Drive	
City & State		Montgomery AL	
Zip	Country	Zip	Country
		36109	USA

3. Date Organized or Qualified	3a. State of Formation
12/07/1995	AL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
63-1157826	
5. Date of Last Report	6. Certificate of Status Desired
02/19/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BARNES, ROCKY	<del>1801 PINE ST., STE. 102</del>	MONTGOMERY AL
MGRM	REHAB ASSOCIATES, INC.	<del>1801 PINE ST., STE. 102</del> 207 Interstate Park Drive Montgomery, AL 36109	MONTGOMERY AL 9500-59-9999 02/06/97--01122--014 ****203.75 ****203.75 Q. Alan 2-3-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Rocky Barnes 1-27-97 334-272-8255