

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000346

FILED
Feb 11, 2009
Secretary of State

Entity Name: SPORTS MEDICINE AND REHABILITATION INTERNATIONAL LLC

Current Principal Place of Business:

3825 26TH STREET WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

3825 26TH STREET WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 65-0980007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCHNO, TARAS V MD
9518 OLD HYDE PARK PLACE
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

KOCHNO, TARAS V MD
712 MARBURY LANE
LONGBOAT KEY, FL 34228 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:

02/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOCHNO, DONNA
Address: 9518 OLD HYDE PARK PLACE
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Delete
Name: KOCHNO, TARAS
Address: 9518 OLD HYDE PARK PLACE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOCHNO, DONNA
Address: 712 MARBURY LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR (X) Change () Addition
Name: KOCHNO, TARAS
Address: 712 MARBURY LANE
City-St-Zip: LONGBOAT KEY, FL 34228

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: DONNA KOCHNO

MGR

02/11/2009

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