

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018376

FILED
Mar 23, 2004
Secretary of State

Entity Name: OCALA ORTHOPEDIC REHAB, LLC

Current Principal Place of Business:

3201 SW 34 AVE
UNIT 103
OCALA, FL 34474

New Principal Place of Business:

PO BOX 800247
MIAMI, FL 33280 02

Current Mailing Address:

3201 SW 34 AVE
UNIT 103
OCALA, FL 34474

New Mailing Address:

PO BOX 800247
MIAMI, FL 33280

FEI Number: 01-0737626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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/MEMBERS:

Title: MGR () Delete
Name: WHITTNEY, BROOKE A
Address: 3405 SOUTHWEST COLLEGE, UNIT 101
City-St-Zip: OCALA, FL 34474

Title: MGR (X) Delete
Name: WHITTNEY, ROBERT M
Address: 3405 SOUTHWEST COLLEGE, UNIT 101
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLORES, B
Address: P O BOX 800247
City-St-Zip: MIAMI, FL 33280 02

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: B FLORES

MGR

03/23/2004

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