2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# L02000018376

Entity Name: OCALA ORTHOPEDIC REHAB, LLC

Current Principal Place of Business:

1001 N FEDERAL HGWY # 102
HALLANDALE, FL 33009

New Principal Place of Business:

101 N FED HGWY
#253
HALLANDALE BCH, FL 33009

Current Mailing Address:

PO BOX 800247
MIAMI, FL 33280

New Mailing Address:

PO BOX 800237
MIAMI, FL 332800247

FEI Number: 01-0737626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

Title: MGR ( ) Delete
Name: FLORES, A B
Address: 1001 N FEDERAL HGWY # 102
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLORES, JACOB
Address: 101 N FEDERAL HGWY # 253
City-St-Zip: HALLANDALE, FL 33009

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: JACOB FLORES GMR 07/11/2008

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