

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008363

**Entity Name:** VOB ASSOCIATES, L.L.C.

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES ST., SECOND FLOOR  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES ST., SECOND FLOOR  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 14-1872926      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARBEY, EDWARD H  
C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES ST., SECOND FLOOR  
SARASOTA, FL 34239 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  
Name: SARBEY, EDWARD H  
Address: 1945 VERSAILLES ST 2ND FL  
City-St-Zip: SARASOTA, FL 34239

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: EDWARD H. SARBEY

MGR

04/12/2010

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