

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019879

FILED
Mar 08, 2005
Secretary of State

Entity Name: OT REHAB SOLUTIONS, LLC

Current Principal Place of Business:

15035 EAGLERISE DRIVE
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

15035 EAGLERISE DRIVE
LITHIA, FL 33547

New Mailing Address:

P.O BOX 856
LITHIA, FL 33547

FEI Number: 03-0385138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CATE, YOLANDA I
15035 EAGLERISE DRIVE
LITHIA, FL 33547 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: CATE, YOLANDA I MS, OTR
Address: 15035 EAGLERISE DRIVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

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: YOLANDA I. CATE, MS, OTR/L, CDE, MANAGER

MGR

03/08/2005

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