

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019879

Entity Name: OT REHAB SOLUTIONS, LLC

FILED  
Mar 12, 2008  
Secretary of State

## Current Principal Place of Business:

15035 EAGLERISE DRIVE  
LITHIA, FL 33547

## New Principal Place of Business:

10010 PARK PLACE AVENUE  
RIVERVIEW, FL 33578

## Current Mailing Address:

P.O BOX 856  
LITHIA, FL 33547

## New Mailing Address:

10010 PARK PLACE AVENUE  
RIVERVIEW, FL 33578

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:

CATE, YOLANDA I  
10010 PARK PLACE AVENUE  
RIVERVIEW, FL 33578 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:

03/12/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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 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: YOLANDA I CATE

MGR

03/12/2008

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