2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State
04-08-2005 90283 021 ****50.00

DOCUMENT # L04000039875

1. Entity Name
REHAB PHYSICIANS, LLC

Principal Place of Business	Mailing Address
7397 ROYAL OAK DRIVE SPRING HILL FL 34607	7397 ROYAL OAK DRIVE SPRING HILL FL 34607

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
12440 Cortez Blvd	12440 Cortez Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip: 34613 Country: USA	Zip: 34613 Country: USA

4. FEI Number: 320197706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASSMAN, ALAN S 1245 COURT STREET STE. 102 CLEARWATER FL 33756	Name: CHRISTINE J. WEOT Street Address (P.O. Box Number is Not Acceptable): 12440 Cortez Blvd City: Brooksville FL Zip Code: 34613

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (CHRISTINE WEOT) 4/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Managing member Christine J. WEOT M.D 12440 Cortez Blvd Brooksville FL 34613 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member James WEOT 12440 Cortez Blvd Brooksville FL 34613 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CHRISTINE WEOT 5/12/05