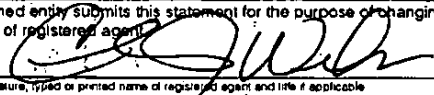


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 7397 ROYAL OAK DRIVE SPRING HILL FL 34607		Mailing Address 7397 ROYAL OAK DRIVE SPRING HILL FL 34607	
2. Principal Place of Business 12440 Cortez Blvd		3. Mailing Address 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 32019706		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET STE. 102 CLEARWATER FL 33756		7. Name and Address of New Registered Agent 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's signature required when transferring) 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 Christine J. WEOT M.D. 12440 Cortez Blvd Brooksville FL 34613	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member James WEOT 12440 Cortez Blvd Brooksville FL 34613	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CHRISTINE WEOT			