

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039875

Entity Name: REHAB PHYSICIANS, LLC

FILED
Jul 26, 2006
Secretary of State

Current Principal Place of Business:

12440 CORTEZ BLVD
BROOKSVILLE, FL 34613

New Principal Place of Business:

1609 PASADENA AVENUE SO
SUITE 3-H
ST. PETERSBURG, FL 33707

Current Mailing Address:

12440 CORTEZ BLVD
BROOKSVILLE, FL 34613

New Mailing Address:

1609 PASADENA AVENUE SO
SUITE 3-H
ST. PETERSBURG, FL 33707

FEI Number: 32-0119706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEOT, CHRISTINE J
12440 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

WEOT, CHRISTINE J
1609 PASADENA AVENUE SO
SUITE 3-H
ST. PETERSBURG, FL 33707 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:

07/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEOT, CHRISTINE J MD
Address: 12440 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGR () Delete
Name: WEOT, JAMES
Address: 12440 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEOT, CHRISTINE J MD
Address: 1609 PASADENA AVENUE SO #3-H
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGR (X) Change () Addition
Name: WEOT, JAMES
Address: 1609 PASADNENA AVENUE SO #3-H
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES WEOT

MGR

07/26/2006

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