2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000039875

City-St-Zip:

ST. PETERSBURG, FL 33707

Entity Name: REHAB PHYSICIANS, LLC

FILED Nov 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1609 PASADENA AVENUE SO SUITE 3-H ST. PETERSBURG, FL 33707 **New Mailing Address: Current 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: 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: CHRISTINE J WEOT, MD Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WEOT, CHRISTINE J MD Name: Name: Address: 1609 PASADENA AVENUE SO #3-H Address: City-St-Zip: ST. PETERSBURG, FL 33707 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: WEOT, JAMES Name: Address: 1609 PASADNENA AVENUE SO #3-H Address:

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.

City-St-Zip:

SIGNATURE: CHRISTINE J WEOT, MD MGR 11/25/2008