

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039875

Entity Name: REHAB PHYSICIANS, LLC

FILED
Mar 27, 2010
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

3152 LITTLE ROAD
162
NEW PORT RICHEY, FL 34655

Current Mailing Address:

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

New Mailing Address:

3152 LITTLE ROAD
162
NEW PORT RICHEY, FL 34655

FEI Number: 32-0119706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEOT, CHRISTINE J
3152 LITTLE ROAD
162
NEW PORT RICHEY, FL 34655 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: _____

03/27/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WEOT, CHRISTINE J MD
Address: 3152 LITTLE ROAD #162
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGR
Name: WEOT, JAMES
Address: 3152 LITTLE ROAD #162
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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: CHRISTINE J WEOT, MD

MGRM

03/27/2010

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