2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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Mar 11, 2005 8:00 am
Secretary of State
02-08-2005 90078 009 ****50.00

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1st MOORE CR2E083 (10/04)

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1. Entity Name
ABILITY FREE MOTION, LLC

Principal Place of Business	Mailing Address
1300 BEDFORD DRIVE SUITE 105 MELBOURNE FL 32940	1300 BEDFORD DRIVE SUITE 105 MELBOURNE FL 32940

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 043799625 ☐ 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
METRO FINANCIAL GROUP, INC. 1028 NORTH U.S. HIGHWAY 1 ORMOND BEACH FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
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	MGRM ☐ Delete ABILITY HEALTH SERVICES, INC. 305 CLYDE MORRIS BLVD. ORMOND BEACH FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete FREE MOTION PHYSICAL THERAPY OF BREVARD PA 1300 BEDFORD DRIVE SUITE 105 MELBOURNE FL 32940	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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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: [signature] ROBERT J. RAZZINO 1-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #