

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90078 009 \*\*\*\*50.00

|                                                   |  |                                                                                   |
|---------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000081921</b>                    |  |  |
| 1. Entity Name<br><b>ABILITY FREE MOTION, LLC</b> |  |                                                                                   |

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1300 BEDFORD DRIVE<br/>SUITE 105<br/>MELBOURNE FL 32940</b> | Mailing Address<br><b>1300 BEDFORD DRIVE<br/>SUITE 105<br/>MELBOURNE FL 32940</b> |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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

**30001289**



1st MOORE CR2E083 (10/04)

|                                                                                                                                               |  |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>043799025</b>                                                                                                             |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                      |  |                                                        |
| 6. Name and Address of Current Registered Agent<br><b>METRO FINANCIAL GROUP, INC.<br/>1028 NORTH U.S. HIGHWAY 1<br/>ORMOND BEACH FL 32174</b> |  |                                                        |
| 7. Name and Address of New Registered Agent                                                                                                   |  |                                                        |
| Name                                                                                                                                          |  |                                                        |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                            |  |                                                        |
| City                                                                                                                                          |  |                                                        |
| FL Zip Code                                                                                                                                   |  |                                                        |

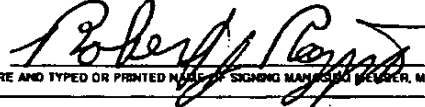
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ABILITY HEALTH SERVICES, INC.<br>305 CLYDE MORRIS BLVD.<br>ORMOND BEACH FL 32174 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FREE MOTION PHYSICAL THERAPY OF BREVARD PA<br>1300 BEDFORD DRIVE SUITE 105<br>MELBOURNE FL 32940 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **ROBERT J. RAZZINO** 1-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #