

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089621

Entity Name: ACTIVE REHAB, LLC

FILED
Mar 14, 2009
Secretary of State

Current Principal Place of Business:

7255 COLUMNS CIRCLE
APT 303
TRINITY, FL 34655 US

New Principal Place of Business:

11509 LEDA LN
NEW PORT RICHEY, FL 34654 US

Current Mailing Address:

7255 COLUMNS CIRCLE
APT 303
TRINITY, FL 34655 US

New Mailing Address:

11509 LEDA LN
NEW PORT RICHEY, FL 34654 US

FEI Number: 59-3794554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOOT, TIMOTHY
7255 COLUMNS CIRCLE
APT 303
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

DOOT, TIMOTHY
11509 LEDA LN
NEW PORT RICHEY, FL 34654 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:

03/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOOT, TIMOTHY
Address: 7255 COLUMNS CIRCLE, APT 303
City-St-Zip: TRINITY, FL 34655 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOOT, TIMOTHY
Address: 11509 LEDA LN
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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.

SIGNATURE: TIMOTHY DOOT

MGRM

03/14/2009

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