

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044016

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** OCALA REHABILITATION SPECIALISTS, LLC

**Current Principal Place of Business:**

5345 SW COLLEGE RD., SUITE 402  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 850  
LADY LAKE, FL 321580850

**New Mailing Address:**

5345 SW COLLEGE RD., SUITE 402  
OCALA, FL 34474

**FEI Number:** 20-2831254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABASBAS, JESSIE  
8944 SW 54TH COURT  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LABASBAS, JESSIE  
Address: 8944 SW 54TH COURT  
City-St-Zip: OCALA, FL 34476

Title: MGR ( ) Delete  
Name: LAUREANO, AUGUSTO  
Address: 5655 SW 42ND COURT  
City-St-Zip: OCALA, FL 34480

Title: MGR ( ) Delete  
Name: FLORIDA REHABILITATI, ON SPECIALIST, LLC  
Address: 134 N OLD DIXIE HWY  
City-St-Zip: LADY LAKE, FL 32159

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AUGUSTO LAUREANO

MGR

04/30/2006

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