

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038237

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** INFINITE REHAB POSSIBILITIES, LLC

**Current Principal Place of Business:**

115 THIRD STREET SOUTH  
BRADENTON BEACH, FL 34217 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST L. MASCARA, P.A.  
475 CENTRAL AVENUE, SUITE 202  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

115 THIRD STREET SOUTH  
BRADENTON BEACH, FL 34217 US

**FEI Number:** 20-4685978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

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

TEITELBAUM, WYNDI  
115 THIRD STREET SOUTH  
BRADENTON BEACH, FL 34217 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: WYNDI TEITELBAUM

02/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TEITELBAUM-SCHWARTZ, WYNDI  
Address: 115 THIRD STREET SOUTH  
City-St-Zip: BRADENTON BEACH, FL 34217 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TEITELBAUM, WYNDI  
Address: 115 THIRD STREET SOUTH  
City-St-Zip: BRADENTON BEACH, FL 34217 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: WYNDI TEITELBAUM

MGRM

02/07/2008

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