

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061814

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** MOMENTUM REHABILITATION & SPORTS MEDICINE, LLC

**Current Principal Place of Business:**

205 SOUTH MOON AVE  
104  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

205 SOUTH MOON AVE  
104  
BRANDON, FL 33511 US

**New Mailing Address:**

**FEI Number:** 72-1007394      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SPERRY, JOSHUA J  
9656 FOX HEARST ROAD  
TAMPA, FL 33647 US

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

SPERRY, JOSHUA J  
6318 JACQUELINE ARBOR DR  
TAMPA, FL 33617 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: JS

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPERRY, TIFFANY M  
Address: 9656 FOX HEARST ROAD  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SPERRY, TIFFANY M  
Address: 6318 JACQUELINE ARBOR DR  
City-St-Zip: TAMPA, FL 33617

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: JS

OWNE

02/04/2009

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