## 2007 LIMITED LIABILITY COMPANY

## Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000064800** 04-23-2007 90362 041 \*\*\*\*50.00 REHAB IN MOTION, L.L.C. Principal Place of Business Mailing Address 15275 COLLIER BLVD., SUITE 201 15275 COLLIER BLVD., SUITE 201 P.M.B. 209 P.M.B. 209 NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 CR2E083 (12/06) Chg-LLC 4. FEI Number 4 3 City & State Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMEEKAN, GRAEME P Street Address (P.O. Box Number is Not Acceptable) 14620 BEAUFORT CIRCLE NAPLES, FL 34119 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ☐ Change Addition TITLE Delete MCMEEKAN, GRAEME P NAME NAME 15275 COLLIER BLVD., SUITE 201, P.M.B. 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-7IP MGRM Change Addition TITLE ☐ Delete TITLE HESS, SAMUEL J M.D. NAME NAME STREET ADDRESS 1100 VIA TRIPOLI STREET ADDRESS PUNTA GORDA, FL 33950 City-St-7iP CITY - ST - ZIP Addition ☐ Delete TITLE ☐ Change TITLE MCLOUGHLIN, JAMES M.D. NAME 5725 BROOKWOOD ROAD STREET ADORESS STREET ADDRESS INDIANAPPOLIS, IN 46226 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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 of the traceiver of traceiver of the traceiver of the traceiver of the traceiver of traceiver of the traceiver of the traceiver of the traceiver of traceiver of the traceiver of tr

SIGNATURE: \_\_\_\_\_

REHABIN MOTION, LLC. NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064800 REHAB IN MOTION, L.L.C. ATTACHMENT Principal Place of Business Mailing Address 15275 COLLIER BLVD., SUITE 201 15275 COLLIER BLVD., SUITE 201 075110 P.M.B. 209 P.M.B. 209 NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 CR2E083 (12/06) Chg-LLC City & State City & State Applied For FEI Number Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCMEEKAN, GRAEME P Street Address (P.O. Box Number is Not Acceptable) 14620 BEAUFORT CIRCLE NAPLES, FL 34119 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NQTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition MCMEEKAN, GRAEME P NAME NAME 15275 COLLIER BLVD., SUITE 201, P.M.B. 209 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP NAPLES, FL 34119 MGRM ☐ Change ☐ Addition ☐ Delete TITLE TITLE HESS, SAMUEL J M.D. NAME NAME 1100 VIA TRIPOLI STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP **MGRM** TITLE ☐ Change Addition TITLE ☐ Detete NAME MCLOUGHLIN, JAMES M.D. NAME 5725 BROOKWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPPOLIS, IN 46226 ☐ Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is the and account 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 empany or the receiver or thistee empowered to execute this report as required by Chapter 608, Florida Statutes. blion SIGNATURE: Daytime Phone

ATTACHMENT 40075110
Minutes of Meeting # 10600064800
REHAB IN MOTION, LLC.
A meeting of the members of the above named limited liability company was held on 3/17/07, at 10:00 AM., at the following location:
1100 VIA TRIPOLI PUNTA GONDA, FL 33950
The meeting was held for the following purposes:  AGM of Rehab in Motion by 2007 (legited)  Briefing of board for Schedule for Mooting of first Production Vidio (spring Corporal) costs associated with Vidio Rhoot (Spring)

Graem McMeekan acted as chairperson, and Michel Belhean acted as secretary of the meeting.

The chairperson called the meeting to order.

The following members were present at the meeting:

Crosene McMeeken

Samuel, Hers M.D.

Though McLough M.D.

The following persons were also present at the meeting, and any reports given by these persons are noted next to their names below:

Name and Title	Reports Presented, If Any
Michel Bellea COO	SPINE Vidio Shoot, Enancials and Tallent.
Michel Bellea COO Chene Mancekani CEO	Financial Report

. ATTACH	HMENT 40075110
After discussion, on motion duly made and carried by the resolution(s) was/were adopted:	affirmative vote of all of the members, the following
O Mare Roward with first Vidio prod	udion on Some RHAB.
2) approve Funds bor Spore Vidio	
3) Set Next Meeting for Newbers	July 30th 2507,
<u> </u>	<u> </u>
There being no further business to come before the meetin	ng, it was adjourned on motion duly made and carried.
Michel Belles	3/17/07
, Secretary	/ / Date
Lohab w Notwin Company	