

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064800

Entity Name: REHAB IN MOTION, L.L.C.

FILED
Jul 18, 2008
Secretary of State

Current Principal Place of Business:

15275 COLLIER BLVD., SUITE 201
P.M.B. 209
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

15275 COLLIER BLVD., SUITE 201
P.M.B. 209
NAPLES, FL 34119

New Mailing Address:

14620 BEAUFORT CIR.
NAPLES, FL 34119

FEI Number: 43-2096411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCMEEEKAN, GRAEME P
14620 BEAUFORT CIRCLE
NAPLES, FL 34119 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: MGRM () Delete
Name: MCMEEEKAN, GRAEME P
Address: 15275 COLLIER BLVD., SUITE 201, P.M.B. 209
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: HESS, SAMUEL J M.D.
Address: 1100 VIA TRIPOLI
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: MCLOUGHLIN, JAMES M.D.
Address: 5725 BROOKWOOD ROAD
City-St-Zip: INDIANAPOLIS, IN 46226

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: MCLOUGHLIN, JAMES M.D.
Address: P O BOX 576
City-St-Zip: OGDENSBURG, NY 13669

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: GRAEME P. MCMEEEKAN

CEO

07/18/2008

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