

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064800

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

FILED
Apr 14, 2011
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:

1850 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33948

Current Mailing Address:

14620 BEAUFORT CIR.
NAPLES, FL 34119

New Mailing Address:

1850 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33948

FEI Number: 43-2096411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMEEKAN, GRAEME P
14620 BEAUFORT CIRCLE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

WYNKOOP, G M
9341 SW 33RD ROAD
GAINESVILLE, FL 32608 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: G. M. WYNKOOP

04/14/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCMEEKAN, GRAEME P
Address: 15275 COLLIER BLVD., SUITE 201, P.M.B. 209
City-St-Zip: NAPLES, FL 34119

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

Title: MGRM
Name: MCLOUGHLIN, JAMES M.D.
Address: 2812 WOODMERE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM
Name: WYNKOOP, G M
Address: 9341 SW 33RD ROAD
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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: G M WYNKOOP

MGRM

04/14/2011

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