

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064800

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

FILED
Apr 30, 2012
Secretary of State

Current Principal Place of Business:

14620 BEAUFORT CIR.
NAPLES, FL 34119

New Principal Place of Business:

6140 LEE ANN LANE
NAPLES, FL 34109

Current Mailing Address:

15275 COLLIER BLVD. #201
PMB #209
NAPLES, FL 34119

New Mailing Address:

FEI Number: 61-1582462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEEKAN, GRAEME P
14620 BEAUFORT CIR.
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
Name: MCMEEEKAN, 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: PRICE, JULIE
Address: 231 GOLDSTEIN STREET
City-St-Zip: PUNTA GORDA, FL 33953

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: GRAEME P MCMEEEKAN

MGRM

04/30/2012

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