

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099549

FILED
Apr 17, 2009
Secretary of State

Entity Name: ORLANDO REHABILITATION SPECIALISTS, LLC

Current Principal Place of Business:

2763 UNIVERSITY ACRES DR.
ORLANDO, FL 32817

New Principal Place of Business:

1850 N. ALAFAYA TRAIL
1A
ORLANDO, FL 32826

Current Mailing Address:

134 N. OLD DIXIE HWY.
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 20-8222346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINAL, ARTEMIO M
134 N. OLD DIXIE HWY.
LADY LAKE, FL 32159 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: HICKS, ANTONETTE B
Address: 2763 UNIVERSITY ACRES DR.
City-St-Zip: ORLANDO, FL 32817 US

Title: MGRM () Delete
Name: DIOSO, RACHELLE O
Address: 4637 SUNTREE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

Title: MGRM () Delete
Name: DIOSO, JOMAR F
Address: 4637 SUNTREE BLVD.
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES:

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

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

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

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: WILLIAM T. HICKS

MGR

04/17/2009

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