


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90350 009 ****50.00

DOCUMENT # L06000110589 1. Entity Name ORTHOPEDIC REHAB SPECIALISTS, LLC		
Principal Place of Business 715 SOUTHEAST 22ND AVE. OCALA FL 34471		Mailing Address 715 SOUTHEAST 22ND AVE. OCALA FL 34471
2. Principal Place of Business - No P.O. Box # 2143 E FT KING ST Suite, Apt. #, etc. SUITE 104 City & State OCALA, FL Zip 34471	3. Mailing Address 2143 E FT KING ST Suite, Apt. #, etc. SUITE 104 City & State OCALA, FL Zip 34471	Country USA
4. FEI Number 22-3947152		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 <u><i>Parker Eiland</i></u> PARKER EILAND <u>4/02/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing). DATE)</small>		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGR ADAMS, KENT R.N. 715 SOUTHEAST 22ND AVE. OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGR EILAND, PARKER W 715 SOUTHEAST 22ND AVE. OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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TITLE NAME STREET ADDRESS CITY- ST- ZIP T EILAND, PARKER W 715 SOUTHEAST 22ND AVE. OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u><i>Parker Eiland</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
Date <u>4/02/07</u>		Original Phone # <u>404-403</u>