

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110589

FILED
Apr 18, 2011
Secretary of State

Entity Name: ORTHOPEDIC REHAB SPECIALISTS, LLC

Current Principal Place of Business:

1015 SE 17TH STREET
SUITE 200
OCALA, FL 34471

New Principal Place of Business:

2143 E FORT KING ST
SUITE 102
OCALA, FL 34471

Current Mailing Address:

1015 SE 17TH STREET
SUITE 200
OCALA, FL 34471

New Mailing Address:

2143 E FORT KING ST
SUITE 102
OCALA, FL 34471

FEI Number: 22-3947152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EILAND, PARKER W
1015 SE 17TH ST
SUITE 200
OCALA, FL 34471 US

Name and Address of New Registered Agent:

EILAND, PARKER W
2143 E FORT KING ST
SUITE 102
OCALA, FL 34471 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: PARKER W EILAND

04/18/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ADAMS, KENT R.N.
Address: 715 SOUTHEAST 22ND AVE.
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: EILAND, PARKER W
Address: 1232 SE 15TH ST
City-St-Zip: Ocala, FL 34471

Title: S
Name: ADAMS, KENT R.N.
Address: 715 SOUTHEAST 22ND AVE.
City-St-Zip: Ocala, FL 34471

Title: T
Name: EILAND, PARKER W
Address: 1232 SE 15TH ST
City-St-Zip: Ocala, FL 34471

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: PARKER W EILAND

VP

04/18/2011

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