

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110589

FILED
Feb 23, 2012
Secretary of State

Entity Name: ORTHOPEDIC REHAB SPECIALISTS, LLC

Current Principal Place of Business:

2143 E FORT KING ST
SUITE 102
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2143 E FORT KING ST
SUITE 102
OCALA, FL 34471

New Mailing Address:

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

OM

02/23/2012

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