

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000025197

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** REHAB IDEAS - WHEELCHAIR PRODUCTS AND ACCESSORIES TWO, LLC

**Current Principal Place of Business:**

3802 SPECTRUM BLVD.  
112  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

3802 SPECTRUM BLVD.  
112  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 32-0196724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANA, ROELING  
3802 SPECTRUM BLVD.  
112  
TAMPA, FL 33612 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:** CEO  
**Name:** SUNDARRAO, STEPHEN  
**Address:** 3802 SPECTRUM BLVD SUITE 112  
**City-St-Zip:** TAMPA, FL 33612 US

**Title:** COO  
**Name:** ROELING, DANA L  
**Address:** 17307 CARRIAGE WAY  
**City-St-Zip:** ODESSA, FL 33556 US

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: DANA ROELING

COO

03/31/2011

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