

DOCUMENT# L08000089561

Entity Name: OCALA HAND REHABILITATION ASSOCIATES, LLC

New Principal Place of Business:

New Mailing Address:

Certificate of Status Desired (X)

Name and Address of New Registered Agent:

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARTSELL, KAREN E
Address: 1536 E SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES:

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: KAREN E HARTSELL, PT,DPT

PRES

01/05/2009

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