2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

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Entity Name: OCALA HAND REHABILITATION ASSOCIATES, LLC

Current Principal Place of Business:

1536 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1536 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTSELL, KAREN E
1536 E SILVER SPRINGS BLVD
OCALA, FL 34470 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: HARTSELL, KAREN E
Address: 1536 E SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

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 Statues.

SIGNATURE: KAREN E HARTSELL, PT, DPT ADMN 02/05/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date