

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000057466

FILED
Jan 08, 2010
Secretary of State

Entity Name: NEURO ORTHOPEDIC REHAB ASSOCIATES PLLC

Current Principal Place of Business:

14100 FIVAY ROAD SUITE 340
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

12121 LITTLE ROAD #335
HUDSON, FL 34667

New Mailing Address:

FEI Number: 27-0388451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALLINGS, KENNETH WAYNE
14100 FIVAY ROAD SUITE 340
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

SALLINGS, KENNETH W
14100 FIVAY ROAD SUITE 340
HUDSON, FL 34667 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: KENNETH W SALLINGS

01/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SANTOS, KATIA G
Address: 5309 LEATHER SADDLE LANE
City-St-Zip: BROOKSVILLE, FL 34609 US

Title: MGR
Name: SALLINGS, KENNETH W
Address: 5309 LEATHER SADDLE LN
City-St-Zip: BROOKSVILLE, FL 34609

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: KENNETH W SALLINGS

CFO

01/08/2010

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