2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

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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 W
14100 FIVAY ROAD SUITE 340
HUDSON, FL 34667 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: 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 Statues.

SIGNATURE: KENNETH W SALLINGS MGR 01/14/2011

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