

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057466

**FILED**  
**Jan 04, 2012**  
**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 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 Statutes.

**SIGNATURE:** KENNETH SALLINGS

CFO

01/04/2012

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