2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

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Entity Name: SANTA BARBARA PAIN AND INJURY REHAB, LLC

Current Principal Place of Business:

2006 SANTA BARBARA BLVD
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

14658 INDIGO LAKES CIRCLE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 27-0849508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLINS, DAVID E
2006 SANTA BARBARA BLVD
NAPLES, FL 34116 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: COLLINS, DAVID E
Address: 14658 INDIGO LAKES CIRCLE
City-St-Zip: NAPLES, FL 34119

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: DAVID E COLLINS MGRM 04/28/2010

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