2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# M04000002737

Entity Name: CLINICAL MOBILITY, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE, STE 500
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PLACE, STE 500
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-1119395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, KIRBY R JR
536 GREENBRIER AVE
CELEBRATION, FL 34747 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/MEMBERS:

Title: MGRM ( ) Delete
Name: RYAN, KIRBY R JR
Address: 536 GREENBRIER AVE
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete
Name: GATT, STEVE
Address: 11935 E TROON VISTA WAY
City-St-Zip: SCOTTSDALE, AZ 85255

Title: MGRM (X) Delete
Name: PORTER, CHIP
Address: 14075 SADDLEBOW DR
City-St-Zip: RENO, NV 89511

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PORTER, CHIP
Address: 14075 SADDLEBOW DR
City-St-Zip: RENO, NV 89511

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: KIRBY R. RYAN, JR PRES 04/26/2005

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