2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002737

Entity Name: CLINICAL MOBILITY, LLC

FILED Mar 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

215 CELEBRATION PLACE, STE 500 CELEBRATION, FL 34747

Current Mailing Address: New Mailing Address:

215 CELEBRATION PLACE, STE 500 CELEBRATION, FL 34747

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition Name: RYAN, KIRBY R JR Name:

Address: 536 GREENBRIER AVE Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 PORTER, CHIP
 Name:
 PORTER, CHIP

 Address:
 14075 SADDLEBOW DR
 Address:
 54 KNIGHTSGATE CR.

 City-St-Zip:
 RENO, NV 89511
 City-St-Zip:
 THE WOODLANDS, TX 77382

Title: MGMR () Delete Title: () Change () Addition

 Name:
 DRONEN, DWIGHT
 Name:

 Address:
 6690 PROMONTORY DRIVE
 Address:

 City-St-Zip:
 EDEN PRAIRIE, MN 55346
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/07/2007