# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# M08000002218

**Entity Name:** OCALA REHAB ASSOCIATES, LLC

**Current Principal Place of Business:**

9848 SW 110TH STREET
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

9848 SW 110TH STREET
OCALA, FL 34481

**New Mailing Address:**

**FEI Number: 26-2562580** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JOHN F. GILROY III, P.A.
1435 EAST PIEDMONT DR., SUITE 215
TALLAHASSEE, FL 32308 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 ( ) Delete
Name: SOEHNER, RICHARD
Address: 9848 SW 110TH STREET
City-St-Zip: OCALA, FL 34481

Title: MGRM ( ) Delete
Name: MANDARINO, MIKE
Address: 9848 SW 110TH STREET
City-St-Zip: OCALA, FL 34481

Title: MGRM ( ) Delete
Name: MARKO, DONNA
Address: 9848 SW 110TH STREET
City-St-Zip: OCALA, FL 34481

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD SOEHNER MGRM 04/14/2009

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