

MD8 0000002218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

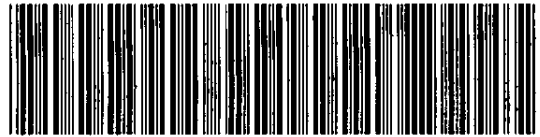
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DEC 29 2009

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 28 PM 1:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocala Rehab Associates, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ellen McCabe
Name of Person

Ocala Rehab Associates, LLC
Firm/Company

10858 SW 91ST Avenue
Address

Ocala, FL 34481
City/State and Zip Code

Rich@MedicalDevCorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen McCabe at (678) 576-1943
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ocala Rehab Associates, LLC

2. This entity was formed under the laws of: Georgia

3. This entity was authorized to transact business in Florida on 5/09/2008
and its Florida document/registration number is M08000002218

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ellen McCabe
10858 SW 91ST Avenue, Suite "C"
Ocala, FL 34481

MGRM

Steve Pickins
10858 SW 91ST Avenue, Suite "C"
Ocala, FL 34481

MGRM

Mark Hidding
10858 SW 91ST Avenue, Suite "C"
Ocala, FL 34481

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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