

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002218

FILED
Feb 23, 2011
Secretary of State

Entity Name: OCALA REHAB ASSOCIATES, LLC

Current Principal Place of Business:

10858 S.W. 91ST AVE.
SUITE
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

10858 S.W. 91ST AVE., STE C
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
Name: MCCABE, ELLEN
Address: 10858 S.W. 91ST AVE., STE C
City-St-Zip: OCALA, FL 34481

Title: MGRM
Name: PICKINS, STEVE
Address: 10858 S.W. 91ST AVE., STE C
City-St-Zip: OCALA, FL 34481

Title: MGRM
Name: HIDDING, MARK
Address: 10858 S.W. 91ST AVE., STE C
City-St-Zip: OCALA, FL 34481

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 Statutes.

SIGNATURE: ELLEN MCCABE

MGRM

02/23/2011

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