

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002218

**FILED**  
**Jan 27, 2012**  
**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:**

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

**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.  
1695 METROPOLITAN CIR STE 2  
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

01/27/2012

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