2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002786

Entity Name: PULMOREHAB LLC

City-St-Zip:

CLEARWATER, FL 33764

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19387 US 19 NORTH CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 19387 US 19 NORTH CLEARWATER, FL 33764 FEI Number: 26-2740474 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: MGR Title: () Change () Addition () Delete BYRNES, JOHN P Name: Name: Address: 19387 US 19 NORTH Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: SCHABEL, SHAWN B Name: SCHABEL, SHAWN S Address: 19387 US 19 NORTH Address: 19387 US 19 NORTH City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764 Title: MGR () Delete Title: () Change () Addition GABOS, PAUL G Name: Name: 19387 US 19 NORTH Address: Address:

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.

City-St-Zip:

SIGNATURE: PAUL G GABOS MGR 04/07/2009