2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# M09000004252

Entity Name: RESTORE REHABILITATION LLC

Current Principal Place of Business:

10811 RED RUN BLVD STE 104
OWINGS MILLS, MD 21117

New Principal Place of Business:

Current Mailing Address:

10811 RED RUN BLVD STE 104
OWINGS MILLS, MD 21117

New Mailing Address:

FEI Number: 20-4556448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVE SOUTH SUITE 101-330
NAPLES, FL 34102 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: ANTHONY, PAMELA M
Address: 10811 RED RUN BLVD STE 104
City-St-Zip: OWINGS MILLS, MD 21117

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 Statues.

SIGNATURE: PAMELA ANTHONY RN BSN CDMS CCM PRES 01/05/2012

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