

No. W 97956		Due no later than Nov 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PULMOREHAB LLC C/O TAX DEPT 19387 US 19 N CLEARWATER FL 33764		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	GREG G MCCARTHY	19387 US HWY 19 N	CLEARWATER	FL	USA	33764	
MANAGER	CRISPIN TEUFEL	19387 US HWY 19 N	CLEARWATER	FL	USA	33764	
MANAGER	KRISTEN M HOEFER	19387 US HWY 19 N	CLEARWATER	FL	USA	33764	
5. Organized Under the Laws of: DE W 97956		6. Annual Report must be signed.* Signature: Greg McCarthy Name (type or print): Greg McCarthy					
		Date: 11/05/2015 Title: Manager					
Processed 11/05/2015 * Electronically provided signatures are accepted as original signatures.							