

No. W 97956		Due no later than Nov 30, 2014		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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 83705	
				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	SHAWN S SCHABEL	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: Shawn S Schabel Name (type or print): Shawn S Schabel Date: 11/12/2014 Title: Manager			
Processed 11/12/2014		* Electronically provided signatures are accepted as original signatures.			