2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2006
Secretary of State

DOCUMENT# L03000020354

Entity Name: C.H.O.O.S.E. PHYSICAL THERAPY LLC

Current Principal Place of Business:

3001 EASTLAND BLVD., SUITE 3B
MEDICAL BLDG G
CLEARWATER, FL 33761

New Principal Place of Business:

3001 EASTLAND BLVD.
SUITE 3B
CLEARWATER, FL 33761

Current Mailing Address:

3001 EASTLAND BLVD., SUITE 3B
MEDICAL BLDG G
CLEARWATER, FL 33761

New Mailing Address:

36181 EAST LAKE RD.
SUITE 195
PALM HARBOR, FL 34685

FEI Number: 77-0601955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WELSH, AMY W
4639 AYRON TERRACE
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

WELSH, AMY W
3001 EASTLAND BLVD
SUITE 3B
CLEARWATER, FL 33761 US

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: ______________________ 07/30/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WELSH, AMY W
Address: 4639 AYRON TERRACE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WELSH, AMY W
Address: 3001 EASTLAND BLVD, SUITE 3B
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: AMY W. WELSH MGR 07/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date