2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2006
Secretary of State

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Entity Name: ADVANCED PHYSICAL THERAPY SERVICES, LLC

Current Principal Place of Business:

15220 SW 9 LANE
MIAMI, FL 33194

New Principal Place of Business:

Current Mailing Address:

15220 SW 9 LANE
MIAMI, FL 33194

New Mailing Address:

FEI Number: 20-3637645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHACON, ROLANDO
15220 SW 9 LANE
MIAMI, FL 33194 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 ( ) Delete
Name: CHACON, ROLANDO
Address: 15220 SW 9 LANE
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROLANDO CHACON MGRM 03/04/2006

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