

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074977

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** ABSOLUTE PHYSICAL THERAPY OF SOUTHWEST FLORIDA, L.L.C.

**Current Principal Place of Business:**

9401 FOUNTAIN MEDICAL CT  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

9401 FOUNTAIN MEDICAL CT  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 20-5347211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, GAYNELL A  
1850 MISSION DRIVE  
NAPLES, FL 34109 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: ANDERSON, GAYNELL A  
Address: 1850 MISSION DRIVE  
City-St-Zip: NAPLES, FL 34109

**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 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: GAYNELL A. ANDERSON

MGRM

01/08/2008

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