2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L07000078193

Entity Name: ALLPHYSIO THERAPY SERVICES, LLC

Current Principal Place of Business:

1004 VENETIAN AVENUE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1006 LANDVIEW CT.
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 42-1735331 **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:

SILVA, CLAUDIA M
1006 LANDVIEW COURT
ORLANDO, FL 32828 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: SILVA, CLAUDIA M
Address: 11047 FAIRHAVEN WAY
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SILVA, CLAUDIA M
Address: 1006 LANDVIEW COURT
City-St-Zip: ORLANDO, FL 32828

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: CLAUDIA M SILVA P 07/07/2008

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