

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112054

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** ALLIN PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

12413 WOODBURY COVE DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

10395 NARCOOSSEE ROAD  
SUITE E  
ORLANDO, FL 32832

**Current Mailing Address:**

12413 WOODBURY COVE DRIVE  
ORLANDO, FL 32828

**New Mailing Address:**

10395 NARCOOSSEE ROAD  
SUITE E  
ORLANDO, FL 32832

FEI Number: 27-1363801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TOLENTINO, JONATHAN ESQ.  
501 GOODLETTE RD.  
STE. D-100  
NAPLES, FL 34102 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  
Name: GAJO, JULINES R  
Address: 12413 WOODBURY COVE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM  
Name: GAJO, RICHARD P  
Address: 12413 WOODBURY COVE DRIVE  
City-St-Zip: ORLANDO, FL 32828

I hereby 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: RICHARD PANCHO GAJO

MGRM

02/15/2012

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