

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000009889

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** BEYOND CARE PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

2257 NUREMBERG BLVD  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

2257 NUREMBERG BLVD  
PUNTA GORDA, FL 33983

**New Mailing Address:**

FEI Number: 27-1790677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAHONEY, SANDRA  
2257 NUREMBERG BLVD  
PUNTA GORDA, FL 33983 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: MAHONEY, SANDRA  
Address: 2257 NUREMBERG BLVD  
City-St-Zip: PUNTA GORDA, FL 33983

Title: MGRM  
Name: FORD, MARYLEE  
Address: 2257 NUREMBERG BLVD  
City-St-Zip: PUNTA GORDA, FL 33983

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: SANDRA MAHONEY

MGRM

04/17/2011

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