

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000100416

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED PHYSICAL THERAPY SERVICES, LLC

**Current Principal Place of Business:**

9945 SW 223 TERRACE  
MIAMI, FL 33190

**New Principal Place of Business:**

**Current Mailing Address:**

9945 SW 223 TERRACE  
MIAMI, FL 33190

**New Mailing Address:**

**FEI Number:** 20-3637645      **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:**

BELL, JEANNE  
9945 SW 223 TERRACE  
MIAMI, FL 33190 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:** CHACON, ROLANDO  
**Address:** 9945 SW 223 TERR  
**City-St-Zip:** MIAMI, FL 33190

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: ROLANDO CHACON

P

05/01/2010

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