2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2015
Secretary of State
CC4403675569

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Entity Name: C.H.O.O.S.E. PHYSICAL THERAPY LLC

Current Principal Place of Business:

3001 EASTLAND BLVD.
SUITE 3B
CLEARWATER, FL 33761

Current Mailing Address:

36181 EAST LAKE RD.
SUITE 195
PALM HARBOR, FL 34685

FEI Number: 77-0601955

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELSH, AMY W
3001 EASTLAND BLVD
SUITE 3B
CLEARWATER, FL 33761 US

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

Authorized Person(s) Detail :

Title	MGR
Name	WELSH, AMY W
Address	3001 EASTLAND BLVD, SUITE 3B
City-State-Zip:	CLEARWATER FL 33761

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY W. WELSH MANAGER 02/14/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date