

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074977

**Entity Name:** ABSOLUTE PHYSICAL THERAPY OF SOUTHWEST FLORIDA,  
L.L.C.

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC9280989387**

**Current Principal Place of Business:**

9401 FOUNTAIN MEDICAL CT  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

9401 FOUNTAIN MEDICAL CT  
BONITA SPRINGS, FL 34135

**FEI Number: 20-5347211**

**Certificate of Status Desired: No**

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

ANDERSON, GAYNELL A  
1850 MISSION DRIVE  
NAPLES, FL 34109 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 MGRM  
Name ANDERSON, GAYNELL A  
Address 1850 MISSION DRIVE  
City-State-Zip: NAPLES FL 34109

*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: GAYNELL ANDERSON**

**OWNER**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date