

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000062533

**Entity Name:** WOMEN'S MANUAL PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

602 SOUTH MAIN ST  
CRESTVIEW, FL 32536

**Current Mailing Address:**

PO BOX 1772  
CRESTVIEW, FL 32536 US

**FEI Number:** 27-2835024

**Certificate of Status Desired:** Yes

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

JENKINS, RUTH F  
602 SOUTH MAIN ST  
CRESTVIEW, FL 32536 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 JENKINS, RUTH F  
Address 602 SOUTH MAIN STREET  
City-State-Zip: CRESTVIEW FL 32536

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUTH F JENKINS

**PT/ OWNER**

**04/27/2013**

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

\_\_\_\_\_  
Date