2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# L00000015467

Entity Name: PROFESSIONAL PHYSICAL THERAPY AND ASSOCIATES LTD. CO.

Current Principal Place of Business:

2568 SOUTH RIDGEWOOD AVE.
SUITE #1
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

143 LIVE OAK COURT
NEW SMYNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3691843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNER, JEFFREY RAY
143 LIVE OAK COURT
NEW SMYRNA BEACH, FL 32168 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: MGR ( ) Delete
Name: JEFFREY RAY BERNER,
Address: 143 LIVE OAK CT.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OFF ( ) Change (X) Addition
Name: SHERRI, BERNER
Address: 143 LIVE OAK CT.
City-St-Zip: NEW SMYRNA BCH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFREY R BERNER MGR 02/18/2008

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