

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015467

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**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: OFF ( ) Delete  
Name: SHERRI, BERNER  
Address: 143 LIVE OAK CT.  
City-St-Zip: NEW SMYRNA BCH, FL 32168

**ADDITIONS/CHANGES:**

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

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

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

04/28/2009

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