

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000004037



1. Entity Name
 EUROPEAN PHYSICAL THERAPY LC

Principal Place of Business
 5922 CATTLEMEN LANE
 SARASOTA, FL 34232 US

Mailing Address
 5922 CATTLEMEN LANE
 SARASOTA, FL 34232 US



01182005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1091880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FUGLEBERG, KEEFE
 5922 CATTLEMEN LANE
 SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/05

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FUGLEBERG, KEEFE 5922 CATTLEMEN LANE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TITTERUD, LISA 5922 CATTLEMEN LANE SARASOTA, FL 34232
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 04/30/05-80088-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/23/05 (941) 378-8977

Date

Daytime Phone #