2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L01000017653

Entity Name: PEAKSIDE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

245 CITRUS TOWER BLVD SUITE 201
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

245 CITRUS TOWER BLVD SUITE 201
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3758342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWAN, JANE A
1010 SE 6TH PL
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SAUER, JANE A
1010 SE 6TH PL
OCALA, FL 34471 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: JANE A. SAUER, MPT 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROWAN, JANE A
Address: 1010 SE 6TH PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAUER, JANE A
Address: 1010 SE 6TH PLACE
City-St-Zip: OCALA, FL 34471

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: JANE A. SAUER MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date