

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017653

FILED
Apr 16, 2009
Secretary of State

Entity Name: PEAKSIDE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

3845 SE LAKE WEIR AVE.
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

3845 SE LAKE WEIR AVE.
OCALA, FL 34480

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:

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

ADDITIONS/CHANGES:

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: JANE A. SAUER

MGRM

04/16/2009

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