

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018243

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** PERFORMANCE PHYSICAL THERAPY & REHAB (ORMOND BEACH), LLC

**Current Principal Place of Business:**

53 NORTH KINGS RD., STE. A  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

53 NORTH KINGS RD., STE. A  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3737234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JUDGE, JIM  
53 NORTH KINGS RD., STE. A  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

JUDGE, JAMES D  
53 NORTH KINGS RD., STE. A  
ORMOND BEACH, FL 32174 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: TIMOTHY D'AVY

04/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: D'AVY, TIMOTHY  
Address: 53 NORTH KINGS RD. STE. A  
City-St-Zip: ORMOND BEACH, FL 32174

**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 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: TIMOTHY D'AVY

MGRM

04/20/2007

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