

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020965

**Entity Name:** REBECCA L. RATCLIFF P.T., L.L.C.

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

PEDIATRIC THERAPY CENTER  
2441 HIGHWAY 98 WEST SUITE 106  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

3953 INDIAN TRAIL  
DESTIN, FL 32541

**Current Mailing Address:**

PO BOX 988  
DESTIN, FL 32540

**New Mailing Address:**

**FEI Number:** 59-3547611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RATCLIFF, REBECCA  
3953 INDIAN TRAIL  
DESTIN, FL 32541 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  
Name: RATCLIFF, REBECCA  
Address: 3953 INDIAN TRAIL  
City-St-Zip: DESTIN, FL 32541

I hereby 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: REBECCA RATCOFF

MGR

03/27/2011

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