2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L02000006239

Entity Name: DULLMEYER PHYSICAL THERAPY, LLC

Current Principal Place of Business:

405 LAKE HOWELL RD, SUITE 1031
MAITLAND, FL 32751

New Principal Place of Business:

405 LAKE HOWELL ROAD
SUITE 1031
MAITLAND, FL 32751

Current Mailing Address:

405 LAKE HOWELL RD, SUITE 1031
MAITLAND, FL 32751

New Mailing Address:

405 LAKE HOWELL ROAD
SUITE 1031
MAITLAND, FL 32751

FEI Number: 74-3032725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DULLMYER, EDWARD J
554 FITZWALTER DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

DULLMYER, EDWARD J
405 LAKE HOWELL ROAD
SUITE 1031
MAITLAND, FL 32751 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: _____ 02/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DULLMEYER, EDWARD J OWNER
Address: 554 FITZWALTER DRIVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DULLMEYER, EDWARD J OWNER
Address: 405 LAKE HOWELL ROAD, SUITE 1031
City-St-Zip: MAITLAND, FL 32751

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: EDWARD DULLMEYER EJD 02/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date