2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023677

1. Entity Name
INTRACOASTAL PHYSICAL THERAPY, LLC

20000306

Principal Place of Business	Mailing Address
4957 ROSEWOOD LANE MELBOURNE, FL 32940	4957 ROSEWOOD LANE MELBOURNE, FL 32940

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

01042006   Chg-LLC   CR2E083 (11/05)

Zip	Country	Zip	Country

4. FEI Number 52-2383277 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, MATTHEW 4957 ROSEWOOD LANE MELBOURNE, FL 32940	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: P NAME: THOMPSON, MATTHEW ☐ Delete STREET ADDRESS: 4987 ROSEWOOD LN. CITY-ST-ZIP: MELBOURNE, FL 32940	TITLE: P NAME: Thompson, Matthew STREET ADDRESS: 4957 Rosewood Ln CITY-ST-ZIP: Melbourne, FL 32940 ☒ Change ☐ Addition
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 1/9/06   321-951-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #