## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000025224

City-St-Zip:

Entity Name: COMPASS PHYSICAL THERAPY, LLC

PANAMA CITY BEACH, FL 32408

FILED Jun 30, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 311 NORTH TYNDALL PARKWAY 32404, FL 32408 **Current Mailing Address: New Mailing Address:** 311 NORTH TYNDALL PARKWAY 32404, FL 32408 FEI Number: 11-3657060 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VON MAACK, HAZEL JENNIFER 5821 N. LAGÓON DRIVE PANAMA CITY BEACH, FL 32408 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VON MAACK, HAZEL JENNIFER Name: Name: Address: 5821 N. LAGOON DRIVE Address: City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition ELLINGTON, ERIC DOUGLAS Name: Name: Address: 5821 N. LAGOON DRIVE Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: HAZEL JENNIFER VON MAACK MGRM 06/30/2005