2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# L02000025224

Entity Name: COMPASS PHYSICAL THERAPY, LLC

Current Principal Place of Business:

311 NORTH TYNDALL PARKWAY
32404, FL 32408

New Principal Place of Business:

807 NORTH TYNDALL PARKWAY
PANAMA CITY, FL 32404 US

Current Mailing Address:

311 NORTH TYNDALL PARKWAY
32404, FL 32408

New Mailing Address:

807 NORTH TYNDALL PARKWAY
PANAMA CITY, FL 32404

FEI Number: 11-3657060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VON MAACK, HAZEL JENNIFER
5821 N. LAGOON DRIVE
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

VON MAACK, HAZEL JENNIFER
807 N. TYNDALL PARKWAY
PANAMA CITY, FL 32404 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: HAZEL JENNIFER VON MAACK 04/11/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VON MAACK, HAZEL JENNIFER
Address: 5821 N. LAGOON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VON MAACK, HAZEL JENNIFER
Address: 807 N. TYNDALL PARKWAY
City-St-Zip: PANAMA CITY, FL 32404

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: HAZEL JENNIFER VON MAACK MGRM 04/11/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date