2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90007 011 ****50.00

DOCUMENT # L02000025224

1. Entity Name
COMPASS PHYSICAL THERAPY, LLC

Principal Place of Business	Mailing Address
5821 N. LAGOON DRIVE PANAMA CITY BEACH FL 32408	5821 N. LAGOON DRIVE PANAMA CITY BEACH FL 32408

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
311 North Tyndall Parkway	311 N. Tyndall Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Callaway FL 3	City & State: CALLAWAY, FL.
Zip: 32404 Country: USA	Zip: 32404 Country: USA

4. FEI Number: Applied for ☐ 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
VON MAACK, HAZEL JENNIFER 5821 N. LAGOON DRIVE PANAMA CITY BEACH FL 32408	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VAN MAACK, HAZEL JENNIFER 5821 N. LAGOON DRIVE PANAMA CITY BEACH FL 32408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VON ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ELLINGTON, ERIC DOUGLAS 5821 N. LAGOON DRIVE PANAMA CITY BEACH FL 32408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #