

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031733

**FILED**  
**May 17, 2006**  
**Secretary of State**

**Entity Name:** VENNETT PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

130 JFK DR STE 132  
LAKE WORTH, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

8462 EGRET MEADOW LN  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

**FEI Number:** 56-2305800      **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:**

VENNETT, PATRICIA ANN  
8462 EGRET MEADOW LN  
WEST PALM BEACH, FL 33412      US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM      ( ) Delete  
Name: ANN VENNETT, PATRICIA  
Address: 8462 EGRET MEADOW LN  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA ANN VENNETT

MGRM

05/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date