


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031733 1. Entity Name VENNETT PHYSICAL THERAPY, LLC	
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Principal Place of Business 130 JFK DR STE 132 LAKE WORTH, FL 33462	Mailing Address 8462 EGRET MEADOW LN WEST PALM BEACH, FL 33412
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DO NOT WRITE IN THIS SPACE



07042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2305800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VENNETT, PATRICIA ANN 8462 EGRET MEADOW LN WEST PALM BEACH, FL 33412	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANN VENNETT, PATRICIA 8462 EGRET MEADOW LN WEST PALM BEACH, FL 33412
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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: Patricia Ann Vennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____