

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000031733
 1. Entity Name
VENNETT PHYSICAL THERAPY, LLC



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



04202008 No Chg-LLC CR2E083 (12/07)

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

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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* Date: *4/20/08* Daytime Phone #: *561-776-6275*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #