

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031733

**FILED  
Apr 17, 2010  
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 ( )**

**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  
**Name:** ANN VENNETT, PATRICIA  
**Address:** 8462 EGRET MEADOW LN  
**City-St-Zip:** WEST PALM BEACH, FL 33412

I hereby 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      MS      04/17/2010

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