

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90275 033 \*\*\*\*50.00

DOCUMENT # L02000031733

1. Entity Name

VENNETT PHYSICAL THERAPY, LLC



00000013

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

130 JFK Drive

3. Mailing Address

8462 Egret Meadow Ln

Suite, Apt. #, etc.

Suite 132

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

W. Palm Beach, FL

4. FEI Number

56-2305800

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33412

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Patricia Ann Vennett

Street Address (P.O. Box Number is Not Acceptable)

8462 Egret Meadow Lane

City

W. Palm Beach

FL

Zip

33412

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

*Patricia Ann Vennett*

Signature, typed or printed name of registered agent and title if applicable.

4/23/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE: *MEMBER*  
NAME: Patricia Ann Vennett  
STREET ADDRESS: 8462 Egret Meadow Lane  
CITY-ST-ZIP: W. Palm Beach, FL 33412

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**DO NOT WRITE  
IN THIS SPACE**

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: *Patricia Ann Vennett*

4/23/03 561-776-6275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)