2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# L03000016352

Entity Name: GARNER PHYSICAL THERAPY CENTER, LLC

Current Principal Place of Business:

827 CYPRESS VILLAGE BLVD
SUITE A
SUN CITY CENTER, FL 33573

New Principal Place of Business:

827 CYPRESS VILLAGE BLVD
SUN CITY CENTER, FL 33573

Current Mailing Address:

3306 YELLOWKNIFE CIRCLE
WIMAUMA, FL 33598

New Mailing Address:

827 CYPRESS VILLAGE BLVD
SUN CITY CENTER, FL 33573

FEI Number: 20-0046229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARNER, ALICIA
3306 YELLOWKNIFE CIRCLE
WIMAUMA, FL 33598 US

Name and Address of New Registered Agent:

GARNER, ALICIA C
827 CYPRESS VILLAGE BLVD.
SUN CITY CENTER, FL 33573 US

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: ALICIA C. GARNER 03/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: PST ( ) Delete
Name: GARNER, ALICIA
Address: 3306 YELLOWKNIFE CIRCE
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GARNER, ALICIA C
Address: 827 CYPRESS VILLAGE BLVD
City-St-Zip: SUN CITY CENTYER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALICIA C GARNER MGR 03/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date