

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90105 010 \*\*\*\*50.00

**DOCUMENT # L03000020243**

1. Entity Name  
VISTA THERAPY CENTER, L.L.C.



Principal Place of Business  
C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

Mailing Address  
C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

**20045642**



04202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3691700

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SARBHEY, EDWARD H  
C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SARBHEY, EDWARD H  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:** *Edward J. Farina* Edward J. Farina

*4/20/05* 4/20/05

*(941) 366-0600 X124* (941) 366-0600 X124

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

Date

Daytime Phone #



**ATTACHMENT**  
**Division of Corporations**

2004542

**2005 Annual Report**

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L03000020243
Business Entity Name	VISTA THERAPY CENTER, L.L.C.
Original File Date	06/05/2003

FEI Number 11-3691700

Principal Address C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

Mailing Address C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

Registered Agent EDWARD H SARBEY  
C/O SARASOTA THERAPY CENTER, INC.  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

**Managing Member/Manager Name And Address**

MGR  
EDWARD H SARBEY  
1945 VERSAILLES STREET, 2ND FLOOR  
SARASOTA, FL 34239

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select: