

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90035 040 \*\*\*\*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



04102006 No Chg-LLC

CR2E083 (11/05)

**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**

SARBEY, 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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE MGR  
NAME FARINA, Edward J.  
STREET ADDRESS 1945 Versailles St., 2nd Floor  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 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:** *Edward J. Farina*

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

*4/20/06* (941) 366-0600

Date

Daytime Phone #