


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000020243</b> 1. Entity Name VISTA THERAPY CENTER, L.L.C.	
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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
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04252007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3691700	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

SARBAY, EDWARD H C/O SARASOTA THERAPY CENTER, INC. 1945 VERSAILLES STREET, 2ND FLOOR SARASOTA, FL 34239
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**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARBAY, EDWARD H 1945 VERSAILLES STREET, 2ND FLOOR SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FARINA, EDWARD J 1945 VERSAILLES ST 2ND FLOOR SARASOTA, FL 34239
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05/21/07-80002-007 50.00

**DO NOT WRITE  
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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**  **4/26/07 (94) 366-0600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #