

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

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



04032008No Chg-LLC

CR2E083 (12/07)

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"/>	\$5.00 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000932085
05/22/08-80040-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARBEY, 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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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:  **4/22/08 (941) 366-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #