


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90144 016 ****50.00

DOCUMENT # L03000042339	
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1. Entity Name PINEAPPLE PHYSICAL THERAPY, PL

Principal Place of Business P.O. BOX 3319 SARASOTA, FL 34230	Mailing Address P.O. BOX 3319 SARASOTA, FL 34230
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07122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business 244 Shopping ave Suite, Apt. #, etc. PMB 334 City & State Sarasota, FL Zip 34237 Country U.S.A.	3. Mailing Address 244 Shopping ave Suite, Apt. #, etc. PMB 334 City & State Sarasota, FL Zip 34237 Country U.S.A.
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4. FEI Number 26-0388746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
FAMIGLIO, GEORGE V JR
1634 MAIN STREET
SARASOTA, FL 34236

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 September 8, 2004	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOLTAIRE-TAYLOR, SARAH DIA P.O. BOX 3319 SARASOTA, FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sarah Taylor SARAH DIA VOLTAIRE-TAYLOR 7/26/04 941-266-0088	Date	Daytime Phone #
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