

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042339

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** PINEAPPLE PHYSICAL THERAPY, PL

**Current Principal Place of Business:**

2100 S. TAMIAMI TRAIL  
SUITE 202  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

5500 34TH STREET WEST  
BRADENTON, FL 34210 US

**Current Mailing Address:**

PO BOX 1537  
SARASOTA, FL 342301537 US

**New Mailing Address:**

**FEI Number:** 20-0388746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEPARD, JENNIFER E  
2100 S TAMIAMI TRAIL  
SUITE 201  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FRYE, JAY  
Address: 4164 ROBERTS POINT CIRCLE  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAY FRYE

MGR

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date