2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050150

1. Entity Name
LOGISTICS THERAPY OF BROWARD, LLC

Principal Place of Business	Mailing Address
1852 N. UNIVERSITY DRIVE, SUITE A PLANTATION, FL 33322	1852 N. UNIVERSITY DRIVE, SUITE A PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

03092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0639036
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRULLON, GABRIEL
1852 N. UNIVERSITY DRIVE, SUITE A
PLANTATION, FL 33322

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7. 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 Anelisa Perez 3/9/06
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

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GRULLON, GABRIEL
STREET ADDRESS	1852 N. UNIVERSITY DRIVE, SUITE A
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	PEREZ, ANELISA
STREET ADDRESS	1852 N. UNIVERSITY DRIVE, SUITE A
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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03/23/06-80031-017 55.00

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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: ANELISA PEREZ Anelisa Perez 3/9/06 (954)377-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #