2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# L03000050150

Entity Name: LOGISTICS THERAPY OF BROWARD, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 81-0639036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRULLON, GABRIEL
1852 N. UNIVERSITY DRIVE, SUITE A
PLANTATION, FL 33322 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: MGRM ( ) Delete
Name: GRULLON, GABRIEL
Address: 1852 N. UNIVERSITY DRIVE, SUITE A
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete
Name: PEREZ, ANELISA
Address: 1852 N. UNIVERSITY DRIVE, SUITE A
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: GRULLON, GABRIEL
Address: 1852 N. UNIVERSITY DRIVE, SUITE A
City-St-Zip: PLANTATION, FL 33322

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GABRIEL GRULLON CEO 01/12/2007

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