


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2004 90081 006 ****50.00

DOCUMENT # L03000054784

1. Entity Name
PREMIER CARE PHYSICAL THERAPY, LLC



Principal Place of Business Mailing Address
 4200 GULFSHORE BLVD., NORTH 4200 GULFSHORE BLVD., NORTH
 NAPLES, FL 34103 NAPLES, FL 34103

24059995

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02172004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
54-2140686 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, C. NEIL ESQ
TRIANON CENTRE, THIRD FLOOR
850 PARK SHORE DR
NAPLES, FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	P/MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Confer III, William	
STREET ADDRESS	4200 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William Confer III* **William Confer III** *3/18/04* **(239) 261-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #