


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000054784 1. Entity Name PREMIER CARE PHYSICAL THERAPY, LLC	
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Principal Place of Business 4200 GULF SHORE BLVD., NORTH NAPLES, FL 34103	Mailing Address 4200 GULF SHORE BLVD., NORTH NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2140686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____

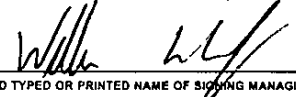
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CONFER, WILLIAM III 4200 GULF SHORE BLVD N NAPLES, FL 34103
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U00000738476
05/11/07-80069-013 50.00

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:  **William Confer, III** **4/13/07** **(239) 261-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #