



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 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 GULFSHORE BLVD., NORTH NAPLES, FL 34103	Mailing Address 4200 GULFSHORE BLVD., NORTH NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 54-2140686	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

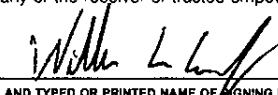
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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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IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **4/18/2008 (239) 261-6100**

Date Daytime Phone #