

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054784

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** PREMIER CARE PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

4200 GULF SHORE BLVD., NORTH  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4200 GULF SHORE BLVD., NORTH  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 54-2140686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREGORY, C. NEIL ESQ  
TRIANON CENTRE, THIRD FLOOR  
850 PARK SHORE DR  
NAPLES, FL 34103 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  
Name: CONFER, WILLIAM III  
Address: 4200 GULF SHORE BLVD N  
City-St-Zip: NAPLES, FL 34103

I hereby 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: WILLIAM CONFER, III

MGRM

04/29/2010

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