

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054784

**FILED**  
**Apr 14, 2011**  
**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:**

GREGORY, C. NEIL ESQ  
4001 TAMiami TRAIL N., STE 250  
NAPLES, FL 34103 US

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: C. NEIL GREGORY

04/14/2011

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

04/14/2011

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