

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007924

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: BACK BAY PHYSICAL THERAPY, LLC

## Current Principal Place of Business:

210 SOUTH EAST AVENUE E  
PO BOX 739  
CARRABELLE, FL 32322

## New Principal Place of Business:

210 SOUTH EAST AVENUE E  
PO BOX 739  
CARRABELLE, FL 32322 US

## Current Mailing Address:

210 SOUTH EAST AVENUE E  
PO BOX 739  
CARRABELLE, FL 32322

## New Mailing Address:

PO BOX 739  
210 SE AVENUE E  
CARRABELLE, FL 32322 US

FEI Number: 41-2123714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEHM, ANN  
210 SOUTH EAST AVENUE E  
CARRABELLE, FL 32322 US

## Name and Address of New Registered Agent:

KEHM, ANN  
210 SOUTH EAST AVENUE E  
PO BOX 739  
CARRABELLE, FL 32322 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:

03/03/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: KEHM, ANN  
Address: PO BOX 739, 210 SE AVENUE E  
City-St-Zip: CARRABELLE, FL 32322 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN KEHM

MGR

03/03/2005

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