

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007924

FILED
Feb 13, 2006
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

250 SOUTH MCCORMICK
PRESCOTT, AZ 86303 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
PO BOX 739
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

CURRAN, CHARLES A
106 TALLAHASSEE
PO BOX 549
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: CHARLES A. CURRAN

02/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KEHM, ANN
Address: 250 SOUTH MCCORMICK
City-St-Zip: PRESCOTT, AZ 86303 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MGRM

02/13/2006

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