


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000017394 1. Entity Name FLORIDA PHYSICAL THERAPY, LLC																																										
Principal Place of Business 2200 WEST BAY DRIVE LARGO, FL 33770 US		Mailing Address 2200 WEST BAY DRIVE LARGO, FL 33770 US																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent ALEPA, CHRISTOPHER J 2200 WEST BAY DRIVE LARGO, FL 33770		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 re-registering) Signature, typed or printed name of registered agent and title if applicable DATE _____																																										
Filing Fee is \$50.00 Due by May 1, 2006																																										
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>ALEPA, CHRISTOPHER J</td></tr><tr><td>STREET ADDRESS</td><td>2200 WEST BAY DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>LARGO, FL 33770</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>			TITLE	MGRM	NAME	ALEPA, CHRISTOPHER J	STREET ADDRESS	2200 WEST BAY DRIVE	CITY - ST - ZIP	LARGO, FL 33770	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	MGRM																																									
NAME	ALEPA, CHRISTOPHER J																																									
STREET ADDRESS	2200 WEST BAY DRIVE																																									
CITY - ST - ZIP	LARGO, FL 33770																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
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: <u>CJ Alepa</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date <u>4/19/06</u> Daytime Phone # <u>727 518-2977</u>																																										



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0858848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	