2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# L04000017953

Entity Name: BOHN PHYSICAL THERAPY, LLC

Current Principal Place of Business:

20101 PEACHLAND BLVD
#204
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

Current Mailing Address:

20101 PEACHLAND BLVD
#204
PORT CHARLOTTE, FL 33954 US

New Mailing Address:

FEI Number: 41-2131445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUNANAN, MABEL S
23330 FREEPORT AVE
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

CUNANAN, MABEL S RPT
23330 FREEPORT AVE
PORT CHARLOTTE, FL 33954 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: MABEL CUNANAN 01/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CUNANAN, O'NEAL V
Address: 23330 FREEPORT AVE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ONEAL CUNANAN MGR 01/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date