

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017953

**FILED**  
**Feb 23, 2007**  
**Secretary of State**

**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 RPT  
23330 FREEPORT AVE  
PORT CHARLOTTE, FL 33954 US

**Name and Address of New Registered Agent:**

CUNANAN, MABEL S RPT  
443 VICEROY TERRACE  
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

02/23/2007

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: MGR (X) Change ( ) Addition  
Name: CUNANAN, O'NEAL V  
Address: 443 VICEROY TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33954 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: ONEAL CUNANAN

MGR

02/23/2007

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