

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028241

FILED
Apr 11, 2007
Secretary of State

Entity Name: PRECISION THERAPY OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

1290 FEDERAL HIGHWAY
ROCKLEDGE, FL 32955

New Principal Place of Business:

895 BARTON BLVD.
SUITE B
ROCKLEDGE, FL 32955

Current Mailing Address:

POST OFFICE BOX 560059
ROCKLEDGE, FL 32956

New Mailing Address:

POST OFFICE BOX 560059
ROCKLEDGE, FL 329560059

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUGHAN, SCOTT M ESQ.
1290 FEDERAL HIGHWAY
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BAUGHAN, SCOTT M ESQ.
895 BARTON BLVD.
SUITE B
ROCKLEDGE, FL 32955 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: SCOTT M. BAUGHAN

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAUGHAN, SCOTT M
Address: 1290 FEDERAL HIGHWAY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAUGHAN, SCOTT M
Address: 895 BARTON BLVD., STE. B
City-St-Zip: ROCKLEDGE, FL 32955

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: SCOTT M BAUGHAN

MGR

04/11/2007

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