

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042144

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PHYSICAL THERAPY & WELLNESS CENTER , LLC

**Current Principal Place of Business:**

2575 KURT STREET  
106  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

2575 KURT STREET  
106  
EUSTIS, FL 32726

**New Mailing Address:**

**FEI Number:** 32-0119364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOTSON, JOHN R  
2575 KURT STREET  
106  
EUSTIS, FL 32726 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DOTSON, JOHN R PRES  
Address: 2575 KURT STREET SUITE 106  
City-St-Zip: EUSTIS, FL 32726

Title: MGRM  
Name: DOTSON, ROBYN L VP  
Address: 2575 KURT STREET SUITE 106  
City-St-Zip: EUSTIS, FL 32726 US

I hereby 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: ROBYN L DOTSON

VP

03/11/2011

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