

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047620

FILED
Apr 06, 2007
Secretary of State

Entity Name: PHYSICAL THERAPY BY DESIGN, LLC

Current Principal Place of Business:

1680 E. CLASSICAL BLVD
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1680 E. CLASSICAL BLVD
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-1286985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, LESLIE
1680 E. CLASSICAL BLVD
DELRAY BEACH, FL 33445 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 () Delete
Name: KAPLAN, LESLIE
Address: 1680 E. CLASSICAL BLVD
City-St-Zip: DELRAY BEACH, FL 33445 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: LESLIE S. KAPLAN

MGR

04/06/2007

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