

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047620

FILED
Apr 27, 2009
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:

4177 NW 28TH AVE
BOCA RATON, FL 33434

Current Mailing Address:

1680 E. CLASSICAL BLVD
DELRAY BEACH, FL 33445

New Mailing Address:

4177 NW 28TH AVE
BOCA RATON, FL 33434

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:

KAPLAN, LESLIE
4177 NW 28TH AVE
BOCA RATON, FL 33434 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:

04/27/2009

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: MGR (X) Change () Addition
Name: KAPLAN, LESLIE
Address: 4177 NW 28TH
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information supplied with this filing does not qualify 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 KAPLAN

MGR

04/27/2009

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