

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90046 007 \*\*\*\*50.00

**DOCUMENT # L04000049695**

1. Entity Name  
**BEAL PHYSICAL THERAPY, P.L.**



Principal Place of Business  
**6461 SPARTINA CIRCLE  
JUPITER, FL 33458**

Mailing Address  
**6461 SPARTINA CIRCLE  
JUPITER, FL 33458**

40057918



2. Principal Place of Business  
**2505 Metro Centre Blvd**

3. Mailing Address  
**2505 Metro Centre Blvd**

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.  
**Suite 201**

01232006 Chg-LLC CR2E083 (11/05)

City & State  
**West Palm Beach**

City & State  
**West Palm Beach**

4. FEI Number  
**20-1338342**

Applied For  
Not Applicable

Zip  
**33407**

Country  
**USA**

Zip  
**33407**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BEAL, JENNIFER  
6461 SPARTINA CIRCLE  
JUPITER, FL 33458**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jennifer Beal*, Owner/Manager

4/20/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☐ Delete  
NAME **BEAL, JENNIFER**  
STREET ADDRESS **6461 SPARTINA CIRCLE**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **BEAL, JENNIFER**  
STREET ADDRESS **2505 Metro Centre Blvd Suite 201**  
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

*Jennifer Beal*

4/20/06

(561) 762-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #