

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049695

Entity Name: BEAL PHYSICAL THERAPY, P.L.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

2505 METRO CENTRE BLVD STE 201  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

2505 METRO CENTRE BLVD STE 201  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 20-1338342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BEAL, JENNIFER  
6461 SPARTINA CIRCLE  
JUPITER, FL 33458 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: BEAL, JENNIFER  
Address: 2505 METRO CENTRE BLVD STE 201  
City-St-Zip: WEST PALM BEACH, FL 33407

**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 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: JENNIFER BEAL

MGR

04/28/2009

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