

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90019 023 \*\*\*\*55.00

<b>DOCUMENT # L04000050852</b>					
<b>1. Entity Name</b> ESTERO PHYSICAL THERAPY, LLC					
<b>Principal Place of Business</b> 26201 SOUTH TAMiami TRAIL SUITE #1 BONITA SPRINGS, FL 34134 US			<b>Mailing Address</b> 26201 SOUTH TAMiami TRAIL SUITE #1 BONITA SPRINGS, FL 34134 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  DIORIO, DOMINIC 26201 SOUTH TAMiami TRAIL SUITE #1 BONITA SPRINGS, FL 34134				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE _____ NAME <b>MGRM</b> STREET ADDRESS <b>DOMINIC DiORIO</b> CITY-ST-ZIP <b>26406 CLARKSTON DR</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME <b>MGRM</b> STREET ADDRESS <b>CHARLES L. KLASSEN</b> CITY-ST-ZIP <b>207 SAN MATEO DRIVE</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME <b>MGRM</b> STREET ADDRESS <b>SANDRA L. KLASSEN</b> CITY-ST-ZIP <b>207 SAN MATEO DR</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Dominic DiOrio</u> <b>DOMINIC DiORIO</b>			Date <u>4/8/05</u> Daytime Phone # <u>(239) 498-0558</u>		