


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000067626</b> 1. Entity Name <b>MAINSTREAM PHYSICAL THERAPY, LLC</b>	
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Principal Place of Business <b>9371 CYPRESS LAKE DRIVE, SUITE 20 FORT MYERS, FL 33919</b>	Mailing Address <b>9371 CYPRESS LAKE DRIVE, SUITE 20 FORT MYERS, FL 33919</b>
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02282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1737607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STEPHAN, R. WADE 9371 CYPRESS LAKE DRIVE, SUITE 20 FORT MYERS, FL 33919</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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. <i>erm (due)</i>	
SIGNATURE <i>R. Wade</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>3/9/06</i> <small>DATE</small>

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

110000466178  
11/22/05 130065 010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHAN, R. WADE 9371 CYPRESS LAKE DRIVE, SUITE 20 FORT MYERS, FL 33919
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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: <i>R. Wade</i> <b>R. Wade Stephan</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>3/9/06</i> <b>239-415-2594</b> <small>Date Daytime Phone #</small>