2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L04000067626

1. Entity Name

MAINSTREAM PHYSICAL THERAPY, LLC.



FILED
Mar 10, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

9371 CYPRESS LAKE DRIVE, SUITE 20 FORT MYERS, FL 33919

9371 CYPRESS LAKE DRIVE, SUITE 20 FORT MYERS, FL 33919



02082008 No Chg-LLC

CR2E083 (12/07)

239419 2595

Daytime Phone #

4. FEI Number	•		Applied For
20-1737607			Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEPHAN, R. WADE 9371 CYPRESS LAKE DRIVE, SUITE 20 FORT MYERS, FL 33919 DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		U00000853754 09/26/08-80079-009 138.75	
9.	MANAGING MEMBERS/MANAGERS	The same of the same	uareurua autula muua, 100.75 Yysyn y maasin kanta ya a	
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.				

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