


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90020 030 ****50.00

DOCUMENT # L04000068590 1. Entity Name PREMIER PHYSICAL THERAPY OF SOUTH FLORIDA, LLC					
Principal Place of Business 4201 SOUTH OCEAN BLVD. #K4 SOUTH PALM BEACH, FL 33480 US			Mailing Address 4201 SOUTH OCEAN BLVD. #K4 SOUTH PALM BEACH, FL 33480 US		
2. Principal Place of Business 4800 N Federal Hwy Suite, Apt. #, etc. 3rd Floor		3. Mailing Address 			
City & State Ft Lauderdale FL		City & State 		4. FEI Number 56 2483137	
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent D'AGOSTINO, RONALD 4201 SOUTH OCEAN BLVD. #K4 SOUTH PALM BEACH, FL 33480				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'AGOSTINO, RONLAD 4201 SOUTH OCEAN BLVD., #K4 S. OCEAN BLVD., FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FICHTER, NIKOLE 1539 SE 12TH STREET FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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.			SIGNATURE: <u>Nikole Fichter</u> Nikole Fichter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
4/13/05 954-873-5864 Date Daytime Phone #					