

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068590

FILED
Apr 28, 2007
Secretary of State

Entity Name: PREMIER PHYSICAL THERAPY OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

4800 N FEDERAL HWY
3RD FLOOR
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4201 SOUTH OCEAN BLVD.
#K4
SOUTH PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 56-2483137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AGOSTINO, RONALD
4201 SOUTH OCEAN BLVD.
#K4
SOUTH PALM BEACH, FL 33480 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: MGRM () Delete
Name: D'AGOSTINO, RONLAD
Address: 4201 SOUTH OCEAN BLVD., #K4
City-St-Zip: S. OCEAN BLVD., FL 33480 US

Title: MGRM () Delete
Name: FICHTER, NIKOLE
Address: 1539 SE 12TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD D'AGOSTINO

MGRM

04/28/2007

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