

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90222 036 ****50.00

DOCUMENT # L04000092867

1. Entity Name

GOLDEN PHYSICAL THERAPY, LLC



Principal Place of Business

941 FOURTH STREET #200-M
MIAMI BEACH FL 33139

Mailing Address

941 FOURTH STREET #200-M
MIAMI BEACH FL 33139



2. Principal Place of Business

2333 PONCE DE LEON BLVD.

3. Mailing Address

2333 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-2067988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Roland Sanchez-Medina JR

Street Address (P.O. Box Number is Not Acceptable)

2333 PONCE DE LEON BLVD.

City

Coral Gables

FL

Zip Code

33134

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

Roland Sanchez-Medina JR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

Feb 12, 2006

FILE NOW!!! FEE IS \$60.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ-MEDINA, GISELO	
STREET ADDRESS	60 H WATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ-MEDINA, ROLANDO MD	
STREET ADDRESS	60 H WATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	ASMC	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, BLANCO MARINA	
STREET ADDRESS	60 H WATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gisela Sanchez Medina* DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/12/06 1305) 448-4347
Date Daytime Phone #