2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L04000092867

Entity Name: GOLDEN PHYSICAL THERAPY, LLC

Current Principal Place of Business:

2333 PONCE DE LEON BLVD STE 302
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

60 EDGEWATER DR 160
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 20-2067988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, ROLAND JR
2333 PONCE DE LEON BLVD STE 302
MIAMI, FL 33137 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: D ( ) Delete
Name: SANCHEZ-MEDINA, GISELA
Address: 60 H WATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete
Name: SANCHEZ-MEDINA, ROLANDO MD
Address: 60 H WATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: ASMG ( ) Delete
Name: RODRIGUEZ, BLANCO MARINA
Address: 60 H WATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES:

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

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: GISELA SANCHEZ-MEDINA D 02/11/2009

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