

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000681

FILED
Jan 08, 2008
Secretary of State

Entity Name: PROFESSIONAL THERAPY & REHABILITATION SERVICES, LLC

Current Principal Place of Business:

201 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

201 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 04-3802706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CR COOPER, CPA
1495 FOREST HILL BLVD
SUITE B
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

DOMB, MARC B
201 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410 US

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: MARC DOMB

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOMB VENTURES, INC.,
Address: 201 LONE PINE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: ACKERMAN, INC.,
Address: 229 GOLF CLUB CIRCLE
City-St-Zip: TEQUESTA, FL 33469 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: MARC DOMB

MGRM

01/08/2008

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