

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000681

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL THERAPY & REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

5500 MILITARY TRAIL  
PMB 22-315  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

5500 MILITARY TRAIL  
PMB 22-315  
JUPITER, FL 33458 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:**

DOMB, MARC B  
5500 MILITARY TRAIL  
PMB 22-315  
JUPITER, FL 33458 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  
**Name:** DOMB VENTURES, INC.  
**Address:** 5500 MILITARY TRAIL, PMB 22-315  
**City-St-Zip:** JUPITER, FL 33458 US

**Title:** MGRM  
**Name:** ACKERMAN, INC.  
**Address:** 229 GOLF CLUB CIRCLE  
**City-St-Zip:** TEQUESTA, FL 33469 US

I hereby 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

04/30/2011

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