

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001791

**FILED**  
**Jun 15, 2009**  
**Secretary of State**

**Entity Name:** REGENCY PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

2454 SE FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2454 SE FEDERAL HWY  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 20-2060516      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COUTURE LEVY, LESLIE  
2454 SE FEDERAL HWY  
STUART, FL 34994    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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES      ( ) Delete  
**Name:** LEVY, LESLIE C PRES.  
**Address:** 2454 SE FEDERAL HWY  
**City-St-Zip:** STUART, FL 34994

**ADDITIONS/CHANGES:**

**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:** LESLIE C. LEVY

PRES

06/15/2009

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