2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021634

Entity Name: PHYSICAL THERAPY SPECIALISTS, LLC

FILED Jan 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1303 PARTRIDGE WAY 5671 S ORANGE AVE

WINTER SPRINGS, FL 32708 US ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

1303 PARTRIDGE WAY 5671 S ORANGE AVE

WINTER SPRINGS, FL 32708 US ORLANDO, FL 32809 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

Electronic dignature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: KRAWCZYK, DAVID Name: KRAWCZYK, DAVID E

Address: 1303 PARTRIDGE WAY Address: 1303 PARTRIDGE WAY

City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 D'AMELIO, MICHAEL

 Address:
 14037 ECON WOODS LANE

 Address:
 10244 MALLARD LANDING WAY

City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: ORLANDO, FL 32832 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID KRAWCZYK MR 01/13/2007