

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021634

FILED
Jul 08, 2008
Secretary of State

Entity Name: PHYSICAL THERAPY SPECIALISTS, LLC

Current Principal Place of Business:

5671 S ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

5671 S ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 05-0618049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRAWCZYK, DAVID E
Address: 1303 PARTRIDGE WAY
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM () Delete
Name: D'AMELIO, MICHAEL R
Address: 10244 MALLARD LANDING WAY
City-St-Zip: ORLANDO, FL 32832 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: DAVID KRAWCZYK

MGRM

07/08/2008

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