## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000048512

Entity Name: SPECIALIZED PHYSICAL THERAPY LLC

FILED Jan 18, 2007 Secretary of State

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

6815 W 14TH ST. 326 WHITFIELD AVE SARASOTA, FL 34243 # 203

BRADENTON, FL 34207

**New Mailing Address: Current Mailing Address:** 

6815 W 14TH ST. 326 WHITFIEILD AVE # 203 SARASOTA, FL 34243 BRADENTON, FL 34207

FEI Number: 30-0315915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RATCLIFFE, LISA K 326 WHITFIELD AVE SARASOTA, FL 34243 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: (X) Change ( ) Addition () Delete RATCLIFFE, FREDERICK RAY RATCLIFFE, FREDERICK RAY Name: Name: Address: 6815 W. 14TH ST. #203 Address: 326 WHITFIELD AVE SARASOTA, FL 34243 City-St-Zip: BRADENTON, FL 34207 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change ( ) Addition RATCLIFFE, LISA K Name: Name: RATCLIFFE, LISA K

Address: 6815 W. 14TH ST #203 Address: 326 WHITFIELD AVE City-St-Zip: BRADENTON, FL 34207 City-St-Zip: SARASOTA, FL 34243

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: LISA K RATCLIFFE 01/18/2007