

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071138

FILED
Jul 06, 2006
Secretary of State

Entity Name: VANDERLINDE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

9070 KIMBERLY BLVD., SUITE 24
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

9070 KIMBERLY BLVD., SUITE 24
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 20-3558497 **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:

KALEEL, KENNETH M ESQ.
KALEEL & ASSOCIATES
555 NO. CONGRESS AVE., SUITE 301
BOYNTON BEACH, FL 33426 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 () Delete
Name: VANDERLINDE, RALPH
Address: 834 NW NINTH WAY
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VANDERLINDE, RALPH
Address: 834 NW NINTH WAY
City-St-Zip: BOYNTON BEACH, FL 33426

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: RALPH VANDERLINDE

MGR

07/06/2006

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