

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000097292**

1. Entity Name  
**ST. LUCIE PHYSICAL MEDICINE, LLC**



Principal Place of Business

**160 NW CENTRAL PARK PLACE  
SUITE 101  
PORT ST. LUCIE, FL 34987**

Mailing Address

**160 NW CENTRAL PARK PLACE  
SUITE 101  
PORT ST. LUCIE, FL 34987**



03312007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-3586155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JOSHUA K  
500 UNIVERSITY BLVD., SUITE 211  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000738210  
05/11/07-80058-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, JOSHUA K
STREET ADDRESS	500 UNIVERISTY BLVD., SUITE 211
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

4/22/07

561-622 611