

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000106850

1. Entity Name
PHYSICAL THERAPY ASSOCIATES OF THE TREASURE
COAST, LLC



Principal Place of Business

4007 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

Mailing Address

4007 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953



04062007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

27-0134035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNGEY, RICHARD
3473 SE WILLOUGHBY BLVD
STUART, FL 34994

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PALESTRANT, KENNETH
804 S.E. PORTGAGE AVE.
PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000699035
04/19/07-80029-001 50.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/6/07

Date

772-398-1588

Daytime Phone #