


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90091 007 \*\*\*\*50.00

**DOCUMENT # L05000108353**

1. Entity Name  
**PHYSICAL THERAPY SPECIALISTS, LLC**



Principal Place of Business      Mailing Address  
**397 PALM COAST PKWY. SW, #4**      **397 PALM COAST PKWY. SW, #4**  
**PALM COAST, FL 32137**                      **PALM COAST, FL 32137**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07052006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**56-2539163**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PANOS, ROSA, PT, CDT</b> <b>1012 S. CENTRAL AVENUE</b> <b>FLAGLER BEACH, FL 32136</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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: *Rosa Panos, PT*      DATE: *7/10/06*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PANOS, PT, CDT, ROSA 1012 S. CENTRAL AVENUE FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARCELLI, PT, OCS, MTC, NICOLE 1012 S. CENTRAL AVENUE FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rosa Panos, PT, CDT*      DATE: *7/10/06*  
*Nicole Marcelli, PT, OCS, MTC*      *(386) 447-0610*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #