


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	
PANOS, ROSA, PT, CDT 1012 S. CENTRAL AVENUE FLAGLER BEACH, FL 32136		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANOS, PT, CDT, ROSA 1012 S. CENTRAL AVENUE FLAGLER BEACH, FL 32136 <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	MGRM MARCELLI, PT, OCS, MTC, NICOLE 1012 S. CENTRAL AVENUE FLAGLER BEACH, FL 32136 <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 #