

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108353

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: PHYSICAL THERAPY SPECIALISTS, LLC

**Current Principal Place of Business:**

397 PALM COAST PKWY. SW, #4  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

397 PALM COAST PKWY. SW, #4  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 56-2539163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PANOS, ROSA PT  
397 PALM COAST PKWY SW #4  
PALM COAST, FL 32137 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: PANOS, PT, CDT, ROSA  
Address: 1012 S. CENTRAL AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM ( ) Delete  
Name: MARCELLI, PT,OCS,MTC, NICOLE  
Address: 1012 S. CENTRAL AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSA PANOS

MGRM

01/15/2009

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