

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