

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123456

FILED
Apr 24, 2009
Secretary of State

Entity Name: DECOMPRESSION & REHABILITATION OF SOUTHWEST FLORIDA, P.L.

Current Principal Place of Business:

16517 VANDERBILT DRIVE
SUITE 1
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

16517 VANDERBILT DRIVE
SUITE 1
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 14-1946858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIESKY, JAMES H
1000 TAMiami TRAIL N.
SUITE 201
NAPLES, FL 34102 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: O'NEILL, EDWARD
Address: 16517 VANDERBILT DRIVE, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: DAWSON, TIMOTHY
Address: 16517 VANDERBILT DRIVE, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: BARTLEY, DANIEL
Address: 16517 VANDERBILT DRIVE, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

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

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: EDWARD O'NEILL

MGRM

04/24/2009

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