


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90048 011 \*\*\*\*50.00

<b>DOCUMENT # L06000035753</b>	
1. Entity Name <b>BACK IN MOTION, SARASOTA PHYSICAL THERAPY, PL</b>	

Principal Place of Business <b>3920 BEE RIDGE ROAD, BUILDING E, SUIT SARASOTA FL 34233</b>	Mailing Address <b>3920 BEE RIDGE ROAD, BUILDING E, SUIT SARASOTA FL 34233</b>
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2. Principal Place of Business - No P.O. Box # <b>3920 BEE RIDGE ROAD</b>		3. Mailing Address <b>P.O. BOX 25066</b>	
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34233</b>	Country <b>USA</b>	Zip <b>34277</b>	Country <b>USA</b>

2nd MOORE CR2E083 (4/07)

4. FEI Number <b>20-4642776</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MOORE, JOHN L 200 SOUTH ORANGE AVENUE SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BURNELL, TIMOTHY ERIC 3920 BEE RIDGE ROAD, BUILDING E, SUITE F SARASOTA FL 34233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR TIMOTHY ERIC BURNELL 3920 BEE RIDGE RD, SUITE 201 SARASOTA, FL 34233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7-26-07**

Date

**941-925-2700**

Daytime Phone #