

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066049

**FILED**  
**Mar 19, 2007**  
**Secretary of State**

**Entity Name:** DARLA KEYES PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

2825 SEABREEZE DR  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

2825 SEABREEZE DR  
GULFPORT, FL 33707

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

KEYES, DARLA M  
2825 SEABREEZE DR.  
GULFPORT, FL 33707    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      PT                      ( ) Change (X) Addition  
Name:                      KEYES, DARLA M PT  
Address:                      2825 SEABREEZE DR.  
City-St-Zip:                      GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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: DARLA M. KEYES PT                      PT                      03/19/2007

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