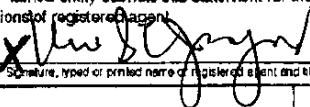
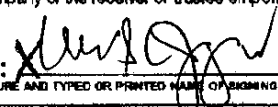


FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90078 005 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60053203

DOCUMENT # L06000072634 1. Entity Name PHYSICAL THERAPY FOR HEALTHY LIVING LTD. CO.					
Principal Place of Business 19233 NW 13TH ST PEMBROKE PINES, FL 33029			Mailing Address 19233 NW 13TH ST PEMBROKE PINES, FL 33029		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 06-1786575	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351				7. Name and Address of New Registered Agent Name MARIA SOCORRO C. JANDAYAN Street Address (P.O. Box Number is Not Acceptable) 19233 NW 13TH ST City PEMBROKE PINES FL Zip Code 33029	
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  MARIA SOCORRO C. JANDAYAN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JANDAYAN, MARIA SOCORRO C 19233 NW 13TH ST PEMBROKE PINES, FL 33029	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ 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:  MARIA SOCORRO C. JANDAYAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					