

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074977

FILED
Mar 05, 2010
Secretary of State

Entity Name: ABSOLUTE PHYSICAL THERAPY OF SOUTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

9401 FOUNTAIN MEDICAL CT
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9401 FOUNTAIN MEDICAL CT
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-5347211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, GAYNELL A
1850 MISSION DRIVE
NAPLES, FL 34109 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
Name: ANDERSON, GAYNELL A
Address: 1850 MISSION DRIVE
City-St-Zip: NAPLES, FL 34109

I hereby 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: GAYNELL ANDERSON

MGRM

03/05/2010

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