

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000076767

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** WESTCHASE PHYSICAL THERAPY AND MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

12625 RACE TRACK ROAD  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

13046 RACETRACK ROAD, # 335  
TAMPA, FL 33626 US

**New Mailing Address:**

**FEI Number:** 20-5316070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CADDICK, STEVE M  
12625 RACE TRACK RD  
TAMPA, FL 33626 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: MGR  
Name: CADDICK, STEVE  
Address: 13046 RACETRACK ROAD, SUITE 335  
City-St-Zip: TAMPA, FL 33626

Title: MGR  
Name: CREADON, BRIAN  
Address: 13046 RACETRACK ROAD, SUITE 335  
City-St-Zip: TAMPA, FL 33626

Title: MGR  
Name: PICK, DANIEL  
Address: 13046 RACETRACK ROAD, SUITE 335  
City-St-Zip: TAMPA, FL 33626

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:** STEVE CADDICK

MGR

01/26/2010

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