

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091619

FILED
Feb 26, 2008
Secretary of State

Entity Name: PATRICK SAIDI PHYSICAL THERAPY LLC

Current Principal Place of Business:

1490 PINE ISLAND ROAD NE
UNIT 4 C
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1490 PINE ISLAND ROAD NE
UNIT 4 C
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-5596223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROESCHLE, PETER W
4556 VINEWOOD CIRCLE
N. FT. MYERS, FL 33903 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 () Delete
Name: FROESCHLE, PETER W
Address: 4556 VINEWOOD CIRCLE
City-St-Zip: N. FT. MYERS, FL 33903

Title: MGRM () Delete
Name: SAIDI, PATRICK
Address: 2122 SE 10TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: SAIDI, HEIDI
Address: 2122 SE 10TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PETE FROESCHLE

MGRM

02/26/2008

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