

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000091619

**FILED**  
**Apr 11, 2012**  
**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:**

SAIDI, PATRICK A  
2122 SE 10TH STREET  
CAPE CORAL, FL 33990 US

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: PATRICK A SAIDI

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: PATRICK A SAIDI

MGRM

04/11/2012

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