

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099704

FILED
Feb 11, 2010
Secretary of State

Entity Name: GOLDEN O PHYSICAL THERAPY SERVICES, LLC

Current Principal Place of Business:

435 LAKEVIEW DRIVE STE 204
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

435 LAKEVIEW DRIVE STE 204
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-5708530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORDONIO, JEFFREY V
435 LAKEVIEW DRIVE STE 204
WESTON, FL 33326 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: ORDONIO, JEFFREY V
Address: 435 LAKEVIEW DRIVE STE 204
City-St-Zip: WESTON, FL 33326

Title: PT
Name: ORDONIO, JEFFREY V
Address: 435 LAKEVIEW DRIVE STE 204
City-St-Zip: WESTON, FL 33326

Title: MGRM
Name: ORDONIO, JULEP P
Address: 435 LAKEVIEW DRIVE STE 204
City-St-Zip: WESTON, FL 33326

Title: VS
Name: ORDONIO, JULEP P
Address: 435 LAKEVIEW DRIVE STE 204
City-St-Zip: WESTON, FL 33326

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: JEFFREY ORDONIO

PT

02/11/2010

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