2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L06000101859

Entity Name: WEAVER PHYSICAL THERAPY, PL

Current Principal Place of Business:

14830 CALUSA PALMS DRIVE UNIT 202
FORT MYERS, FL 33919 US

New Principal Place of Business:

14830 CALUSA PALMS DRIVE
202
FORT MYERS, FL 33919 US

Current Mailing Address:

14830 CALUSA PALMS DRIVE UNIT 202
FORT MYERS, FL 33919 US

New Mailing Address:

14830 CALUSA PALMS DRIVE
UNIT 202
FORT MYERS, FL 33919 US

FEI Number: 20-8543637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

WEAVER, PRISCILLA A
14830 CALUSA PALMS DRIVE
202
FORT MYERS, FL 33919 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: PRISCILLA WEAVER 03/31/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAWLEY, PRISCILLA
Address: 14830 CALUSA PALMS DRIVE UNIT 202
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEAVER, PRISCILLA
Address: 14830 CALUSA PALMS DRIVE UNIT 202
City-St-Zip: FORT MYERS, FL 33919 US

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: PRISCILLA WEAVER MGRM 03/31/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date