

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101859

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: WEAVER PHYSICAL THERAPY, PL

## Current 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 Principal Place of Business:

14794 CALUSA PALMS DRIVE  
204  
FORT MYERS, FL 33919 US

## New Mailing Address:

14794 CALUSA PALMS DRIVE  
204  
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:

WEAVER, PRISCILLA A  
14830 CALUSA PALMS DRIVE  
202  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

WEAVER, PRISCILLA A  
14794 CALUSA PALMS DRIVE  
204  
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:

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WEAVER, 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: 14794 CALUSA PALMS DRIVE UNIT 204  
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

04/27/2009

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