2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

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Entity Name: CENTRAL FLORIDA SPORTS & PHYSICAL THERAPY L.L.C.

Current Principal Place of Business:

4237 13TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

PO BOX 700097
ST. CLOUD, FL 347700097

New Mailing Address:

FEI Number: 59-3511814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARVIS, KATHLEEN
4237 13TH STREET
ST. CLOUD, FL 34770 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: PRES
Name: JARVIS, KATHLEEN
Address: 4237 13TH STREET
City-St-Zip: ST. CLOUD, FL 34770

Title: VP
Name: JARVIS, LEROY E JR
Address: 4237 13TH STREET
City-St-Zip: ST. CLOUD, FL 34770

Title: MGRM
Name: HENKAT, INC.
Address: P.O. BOX 700097
City-St-Zip: ST. CLOUD, FL 347700097

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 Statues.

SIGNATURE: KATHLEEN JARVIS PRES 01/05/2010

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