

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000109783

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**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 C  
4237 13TH STREET  
ST. CLOUD, FL 34770 US

**Name and Address of New Registered Agent:**

JARVIS, MARTHA K  
4237 13TH STREET  
ST. CLOUD, FL 34769 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: MARTHA KATHLEEN JARVIS

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HENKAT, INC.  
Address: 4237 13TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

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: MARTHA KATHLEEN JARVIS

PRES

04/25/2012

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