

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112065

FILED
Aug 17, 2007
Secretary of State

Entity Name: ATLANTIC COAST PHYSICAL THERAPY SERVICES, LLC

Current Principal Place of Business:

13595 ATLANTIC BOULEVARD, SUITE B
JACKSONVILLE, FL 32225

New Principal Place of Business:

13595 ATLANTIC BOULEVARD
SUITE B
JACKSONVILLE, FL 32225

Current Mailing Address:

13595 ATLANTIC BOULEVARD, SUITE B
JACKSONVILLE, FL 32225

New Mailing Address:

13595 ATLANTIC BOULEVARD
SUITE B
JACKSONVILLE, FL 32225

FEI Number: 20-5924862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JARVIS, DELL A
Address: 4909 BLOUNT VISTA COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: MCALISTER, EVA M
Address: 1001 HAGLER DRIVE WEST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGR () Delete
Name: TAKACS, ZSOLT
Address: 4925 ISLAND CLUB COURT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DELL A. JARVIS

MGR

08/17/2007

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