

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112065

FILED
Apr 14, 2008
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:

Current Mailing Address:

13595 ATLANTIC BOULEVARD
SUITE B
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-5924862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MGR

04/14/2008

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