

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112065

FILED
Apr 15, 2009
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 (X)**

Name and Address of Current Registered Agent:

LAW OFFICES OF DAN W. ARMSTRONG, P.A.
822 A1A NORTH, SUITE 303
PONTE VEDRA BEACH, FL 32082 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: MCALISTER, EVA M
Address: 1001 HAGLER DRIVE WEST
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES:

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: EVA M MCALISTER

MGR

04/15/2009

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