

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112065

FILED
Jan 04, 2012
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:

MCALISTER, CLINTON G JR
13595 ATLANTIC BLVD
SUITE B
JACKSONVILLE, FL 32225 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
Name: MCALISTER, EVA M
Address: 13595 ATLANTIC BLVD, SUITE B
City-St-Zip: JACKSONVILLE, FL 32225

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: EVA MCALISTER

MGR

01/04/2012

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