

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002068

FILED
Apr 14, 2008
Secretary of State

Entity Name: DYNAMIC PHYSICAL THERAPY, LLC

Current Principal Place of Business:

2506 ACORN STREET
SUITE D
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

2506 ACORN STREET
SUITE D
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 20-8171311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACEVEDO, MARIA E
2506 ACORN STREET
SUITE B
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

ACEVEDO, MARIA E
2506 ACORN STREET
SUITE D
FORT PIERCE, FL 34947 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: MARIA E ACEVEDO

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACEVEDO, MARIA E
Address: 2506 ACORN STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: MGR () Delete
Name: RAYMOND, RENUKA
Address: 2506 ACORN STREET
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ACEVEDO, MARIA E
Address: 2506 ACORN STREET SUITE D
City-St-Zip: FORT PIERCE, FL 34947

Title: MGR (X) Change () Addition
Name: RAYMOND, RENUKA
Address: 2506 ACORN STREET SUITE D
City-St-Zip: FORT PIERCE, FL 34947

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: MARIA E ACEVEDO

MGR

04/14/2008

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