## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 01, 2008 8:00 am Secretary of State **DOCUMENT # L07000023144** 04-01-2008 90063 003 \*\*\*138.75 1. Entity Name ELITÉ PHYSICAL THERAPY, LLC Principal Place of Business Mailing Address 60018742 **4094 SW 51ST COURT 4094 SW 51ST COURT** OCALA, FL 34474 OCALA, FL 34474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-6545340 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAYA, HENRY M 4094 SW 51ST COURT Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34474 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change Addition DAYA, HENRY A NAME NAME **4094 SW 51ST COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change Addition DAYA, MARILEN A NAME NAME **4094 SW 51ST COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-7/P ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

CITY-ST-ZIP

O MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED