

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023144

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ELITE PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

4094 SW 51ST COURT  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

4094 SW 51ST COURT  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 20-8545340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAYA, HENRY M  
4094 SW 51ST COURT  
OCALA, FL 34474 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: MGRM  
Name: DAYA, HENRY A  
Address: 4094 SW 51ST COURT  
City-St-Zip: Ocala, FL 34474

Title: MGRM  
Name: DAYA, MARILEN A  
Address: 4094 SW 51ST COURT  
City-St-Zip: Ocala, FL 34474

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: HENRY DAYA

MR

04/24/2012

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