

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045057

FILED
Sep 05, 2008
Secretary of State

Entity Name: BODY IN BALANCE PHYSICAL THERAPY, P.L.L.C.

Current Principal Place of Business:

3191 CORAL WAY, SUITE 109
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

3191 CORAL WAY, SUITE 109
MIAMI, FL 33145

New Mailing Address:

FEI Number: 56-2656297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEAMONITIS, THEODOSIOS
2241 SW 25TH STREET
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

NEAMONITIS, THEODOSIOS
3191 CORAL WAY - SUITE 109
MIAMI, FL 33145 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: _____

09/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEAMONITIS, THEODOSIOS
Address: 3191 CORAL WAY, SUITE 109
City-St-Zip: MIAMI, FL 33145

Title: MGRM (X) Delete
Name: ALVAREZ, OSCAR F
Address: 3191 CORAL WAY, SUITE 109
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THEODOSIOS NEAMONITIS

OWNE

09/05/2008

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