

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046015

FILED
Feb 25, 2009
Secretary of State

Entity Name: PEDS ORTHO PHYSICAL THERAPY, LLC

Current Principal Place of Business:

15821 HOLLYFERN CT
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15880 SUMMERLIN ROAD, #300, PMB #322
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-8980515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOTT, GEORGE H
1625 HENDRY STREET, SUITE 301
KNOTT, CONSOER, EBELINI
FORT MYERS, FL 33901 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 () Delete
Name: SHANNON, F. BRETT D.O.
Address: 605 LIGHHOUSE WAY
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: CARDONE, DENNIS A D.O.
Address: 2538 BLIND PASS COURT
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: CHURCHILL, JOHN M.D.
Address: 2029 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

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

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: JOHN A. CHURCHILL, MD

MGRM

02/25/2009

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