

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073130

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** PELVIC REHABILITATION OF TAMPA, LLC

**Current Principal Place of Business:**

12169 W LINEBAUGH AVE  
STE 2  
TAMPA, FL 33626

**New Principal Place of Business:**

13049 W LINEBAUGH AVE  
SUITE 102  
TAMPA, FL 33626

**Current Mailing Address:**

12169 W LINEBAUGH AVE  
STE 2  
TAMPA, FL 33626

**New Mailing Address:**

13049 W LINEBAUGH AVE  
SUITE 102  
TAMPA, FL 33626

**FEI Number:** 26-0589833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TARRANCE, SHAYNE  
16044 SHINNECOCK DRIVE  
ODESSA, FL 33556 US

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

TARRANCE, SHAYNE  
13049 W LINEBAUGH AVE  
SUITE 102  
TAMPA, FL 33626 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: SHAYNE TARRANCE

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TARRANCE, SHAYNE  
Address: 16044 SHINNECOCK DRIVE  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

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: SHAYNE TARRANCE

MGRM

03/30/2009

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