2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

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Entity Name: PHYSICAL THERAPY AT DORAL, L.L.C.

Current Principal Place of Business:

3650 NW 82 AVENUE
105
MIAMI, FL 33166

New Principal Place of Business:

3650 NW 82 AVENUE
105
DORAL, FL 33166

Current Mailing Address:

3650 NW 82 AVENUE
105
MIAMI, FL 33166

New Mailing Address:

3650 NW 82 AVENUE
105
DORAL, FL 33166

FEI Number: 26-0550893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTUONDO, FERNANDO J ESQ.
FERNANDO J. PORTUONDO, P.A.
2121 PONCE DE LEON BLVD., SUITE 950
CORAL GABLES, FL 33134 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: DE CARDENAS, MICHAEL
Address: 6641 SW 64TH STREET
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete
Name: PLUCHINO, ALESSANDRA
Address: 6641 SW 64TH STREET
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DE CARDENAS, MICHAEL
Address: 3650 SW 82 AV. SUITE 105
City-St-Zip: DORAL, FL 33166

Title: MGRM (X) Change ( ) Addition
Name: PLUCHINO, ALESSANDRA
Address: 3650 SW 82 AV. SUITE 105
City-St-Zip: DORAL, FL 33166

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: ALESSANDRA PLUCHINO MGRM 04/17/2009

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