

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075028

FILED
Jun 03, 2008
Secretary of State

Entity Name: PHYSICAL THERAPY CLINIC OF NAPLES, LLC

Current Principal Place of Business:

1865 VETERANS PARK DRIVE, UNIT 101
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1865 VETERANS PARK DRIVE, UNIT 101
NAPLES, FL 34109

New Mailing Address:

FEI Number: 26-0627729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

FAGA, ANTONIO
7955 AIRPORT ROAD
SUITE 101
NAPLES, FL 34109 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: ANTONIO FAGA

06/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOEFT, KATHLEEN
Address: 1865 VETERANS PARK DRIVE, UNIT 101
City-St-Zip: NAPLES, FL 34109

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: KATHLEEN HOEFT

MGRM

06/03/2008

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