2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# L07000075197

Entity Name: TEQUESTA URGENT CARE PHYSICAL THERAPY & REHAB, LLC

Current Principal Place of Business:

ONE MAIN STREET, SUITE 102
TEQUESTA, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

ONE MAIN STREET, SUITE 102
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 14-2005673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, SHERYL O
177 NORTH US HWY. ONE, SUITE 256
TEQUESTA, FL 33469 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: THOMPSON, SHERYL O
Address: ONE MAIN STREET, SUITE 102
City-St-Zip: TEQUESTA, FL 33469 US

Title: MGRM ( ) Delete
Name: RIMMER, SYLVIE
Address: ONE MAIN STREET, SUITE 102
City-St-Zip: TEQUESTA, FL 33469 US

Title: MGRM ( ) Delete
Name: GRECO, FRANCINE
Address: ONE MAIN STREET, SUITE 102
City-St-Zip: TEQUESTA, FL 33469 US

Title: MGRM ( ) Delete
Name: ST. CLAIR, DOUGLAS
Address: ONE MAIN STREET, SUITE 102
City-St-Zip: TEQUESTA, FL 33469 US

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:

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: SHERYL O. THOMPSON, MD MGR 04/01/2008

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