

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115438

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** FISICO THERAPY SOLUTIONS, LLC.

**Current Principal Place of Business:**

3568 CLARK RD  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

3568 CLARK RD  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 26-1464757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOY, TIMOTHY  
3568 CLARK RD  
SARASOTA, FL 34231 US

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

LOY, TIMOTHY P  
3568 CLARK RD  
SARASOTA, FL 34231 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:** TIMOTHY P. LOY

01/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** LOY, TIMOTHY  
**Address:** 3568 CLARK RD  
**City-St-Zip:** SARASOTA, FL 34231 US

**Title:** MGRM ( ) Delete  
**Name:** TERESI, ANTONINO  
**Address:** 3568 CLARK RD  
**City-St-Zip:** SARASOTA, FL 34231 US

**ADDITIONS/CHANGES:**

**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:** ANTONINO TERESI

MR

01/03/2008

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