2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

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Entity Name: BARR & ASSOCIATES PHYSICAL THERAPY, LLC

Current Principal Place of Business:

1425 HAND AVE, SUITE H
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

1425 HAND AVE
SUITE H
ORMOND BEACH, FL 32174 US

Current Mailing Address:

1425 HAND AVE, SUITE H
ORMOND BEACH, FL 32174 US

New Mailing Address:

1425 HAND AVE
SUITE H
ORMOND BEACH, FL 32174 US

FEI Number: 75-3263987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARR, JACOB C
1425 HAND AVE, SUITE H
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

BARR, JACOB C
1425 HAND AVE
SUITE H
ORMOND BEACH, FL 32174 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: _____ 01/14/2010

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BARR, JACOB C
Address: 1425 HAND AVE, SUITE H
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR
Name: BARR, CAROL E
Address: 1425 HAND AVE, SUITE H
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby 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 Statues.

SIGNATURE: JACOB C. BARR MGR 01/14/2010

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