

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124554

FILED
Feb 17, 2011
Secretary of State

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:

Current Mailing Address:

1425 HAND AVE
SUITE H
ORMOND BEACH, FL 32174 US

New Mailing Address:

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:

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: 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 Statutes.

SIGNATURE: JACOB C. BARR

MGR

02/17/2011

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